



UNIVERSITY OF SOUTH ALABAMA DEPARTMENT OF OCCUPATIONAL THERAPY DOCUMENTATION OF OCCUPATIONAL THERAPY EXPERIENCE

A MINIMUM OF 20 and MAXIMUM of 60 DOCUMENTED OT OBSERVATION HOURS ARE REQUIRED.

STUDENT'S NAME: _____

The above student has observed Occupational Therapy hours at the following:

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

NAMES AND CREDENTIALS OF OTR and/or COTA SUPERVISOR: _____ License # _____

OT SUPERVISOR'S EMAIL: _____

TYPE OF EXPERIENCE: (please check all that apply)

- inpatient
outpatient
pediatrics
geriatrics
mental health/psychiatry
physical rehabilitation
health promotion/disease prevention
other, please specify

STUDENT'S ROLE: (please check all that apply)

- observation
assist in transport of clients/patients
assist therapist in treatment of clients/patients
other, please specify

WAS THIS A PAID OR VOLUNTEER POSITION? (Please check one)

Table with 4 columns: DATE, NUMBER OF HOURS, DATE, NUMBER OF HOURS. Includes a row for TOTAL OF HOURS.

OTHER COMMENTS:

Date: _____ Signature: _____ Occupational Therapy Supervisor

This form may be duplicated and sent to the appropriate number of occupational therapists.

Observation Hours must be from two years prior to application deadline.