



# DOCTOR OF OCCUPATIONAL THERAPY

## Required Observation Form

The Department of Occupational Therapy (OT) will require applicants for the entry-level graduate program to provide evidence of occupational therapy observation hours. The applicant provides this form as evidence of the following. More than one form may be used to document one or more settings.

- Forty (40) observation hours with an occupational therapist or occupational therapy assistant. At least three (3) different types of OT settings must be represented (i.e. skilled nursing facility, rehab hospital, school system, acute care, mental health).
- Observation Form completed and signed by the occupational therapist or occupational therapy assistant at each site.

### Observation of Occupational Therapy Practice

\_\_\_\_\_ has completed a total of \_\_\_\_\_ observation hours.  
Name of Applicant

\_\_\_\_\_ Type of Facility

OT practice setting type(s), check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Inpatient – Pediatrics (0-21)  | <input type="checkbox"/> Inpatient – Adults  | <input type="checkbox"/> Rehabilitation Hospital  |
| <input type="checkbox"/> Outpatient – Pediatrics (0-21) | <input type="checkbox"/> Outpatient - Adults | <input type="checkbox"/> Early Intervention (0-3) |
| <input type="checkbox"/> School System                  | <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Other:                   |

\_\_\_\_\_  
Printed Name of Occupational Therapist (OT) or Occupational Therapy Assistant (OTA) Date Signature of OT or OTA

Comments:

Address of Facility:

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone of OT/OTA Extension E-Mail

**This form must be uploaded to OTCAS and submitted by the application deadline.**