

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

A MINIMUM OF 25 DOCUMENTED OT OBSERVATION HOURS ARE REQUIRED.

STUDENT'S NAME: _____

The above student has volunteered or worked for me 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)

DATE	NUMBER OF HOURS	DATE	NUMBER OF HOURS
TOTAL OF HOURS:			

OTHER COMMENTS:

Date: _____ Signature: _____

Occupational Therapy Supervisor

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

Please upload completed form to OTCAS.