

**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
<b>TOTAL OF HOURS:</b>			

**OTHER COMMENTS:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Occupational Therapy Supervisor

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

**Please return this form to:**

University of South Alabama  
OT Admissions Committee  
Department of Occupational Therapy  
5721 USA Drive North, Room 2027  
Mobile, Alabama 36688-0002