University of Findlay

Occupational Therapy Weekend Program

OBSERVATION HOURS LOG

Feel free to use this form to keep track of your observation hours. It may help when completing the observation hours section of the OTCAS application. Make as many copies as necessary.

Name of Prospective OT Student _____

Name of Facility _____

Street Address for Facility _____

City _____ State_____ Zip Code _____

OT First Name _____ OT Last Name _____

OT License Number _____ State of OT License _____
Leave blank, if unknown Leave blank, if unknown

OT Email Address _____

OT Phone Number _____

Type of Experience: __ Inpatient __Outpatient

Paid or Volunteer Experience: __Paid __Volunteer __Both

Clinical Setting: (Please check the one that most applies) **Applicant must work or observe in at least 2 (two) different settings with a minimum of 20 hours in any one setting for a total of 100 hours.**

__ Nursing Home
_ Hospital
_ Home and Community Health
__ School System
_ Mental Health
_ Physical Disabilities
__ Developmental Disabilities
_ Geriatrics
_ Children or Youth
__ Adults

Date	Time In	Time Out	Hours	Population or Ages Seen	Primary Diagnosis

TOTAL HOURS AT THIS SETTING _____