



Occupational Therapy Program

Record of Hours Form

Observation / Volunteer / Paid Hours in Occupational Therapy*

Prospective OT Student Name _____

Name of Facility _____

Street Address for Facility _____

City _____ State _____ Zip Code _____

Supervisor Name _____ OT _____ or OTA _____

OT/OTA Email Address _____

OT/OTA Phone Number _____

Paid or Volunteer Experience: _____ Paid _____ Volunteer _____ Both

Type of Clinical Setting: (Please check all that apply) **Applicant must work or observe in at least 2 (two) different settings for approximately 20-25 hours each for a total of 50 hours.**

Nursing Home

Rehabilitation facility

Geriatrics

Hospital

Mental Health

Children or Youth

Home and Community Health

Physical Disabilities

Adults

School System

Developmental Disabilities

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

TOTAL HOURS AT THIS SETTING _____

Signature of supervising OT/OTA _____ Date _____

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

* These hours are in preparation for application to the Occupational Therapy Program at the University of Findlay. If there are any questions or concerns, please contact the Occupational Therapy Program Office at 1-800-472-9502 ext. 6936 or (419) 434-6936. Please make as many copies of this form as necessary to record your observation/volunteer/paid work hours. Use one form for each practice setting or population.



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