



Occupational Therapy Traditional 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 \_\_\_ Mental Health \_\_\_ Geriatrics
\_\_\_ Hospital \_\_\_ Physical Disabilities \_\_\_ Children or Youth
\_\_\_ Home and Community Health \_\_\_ Developmental Disabilities \_\_\_ Adults
\_\_\_ School System

Table with 6 columns: Date, Time In, Time Out, Hours, Population or Ages Seen, Primary Diagnosis. Multiple empty rows for data entry.

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 Master of 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.