

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

A MINIMUM OF 20 and MAXIMUM of 60 DOCUMENTED OT OBSERVATION HOURS ARE REQUIRED.

STUDENT'S NAME: _____

The above student has observed Occupational Therapy hours 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 treatment wph
- _____ in 1st 2nd 3rd
- _____
- _____