

Occupational Therapy Assistant Program

Instructions for Observation Hours Requirement



The optional observation/volunteer/work hours requirement for application to the OTA program is 20 or more hours in any combination of inpatient or public school settings.

Hours that fulfill this requirement cannot be front-office or clerical work. Hours reported must be directly observing the delivery of skilled occupational therapy services by a licensed OT or OTA only.

The intention of observation is to give candidates the opportunity to gain an awareness of the job requirements of the OTA.

Applicants who have submitted forms verifying observation/work experiences during a previous application year may use those hours in a subsequent application year. Previously submitted forms are kept in the applicant's file in the Health Science office 3 years from completion of the hours. If you have forms on file, please note this on your application.

Please choose one or more facility type from the list:

| 20 hours of direct observation of OT in one or more of the following: |
|---|
| <ul style="list-style-type: none">• Hospital Unit (IRU)• Skilled Nursing Facility• Inpatient Rehabilitation Facility (Adult or Pediatric)• Acute Care Hospital (Pediatric or Adult)• Long Term Acute Care (LTAC)• Public School System (preK-12) |

Observation hours completed in an outpatient clinic, home health environment, private clinic, private school or Assisted/Independent Living center will not be credited with optional bonus points.

**OCCUPATIONAL THERAPY ASSISTANT PROGRAM
OBSERVATION/WORK EVALUATION FORM**



Name of Applicant: _____

Name of Facility: _____

Facility Address: _____

Facility Phone: _____

Type of exposure (circle one): Full-time aide / Part-time aide / Volunteer / Observation only

Please indicate the total number of observation hours completed in the appropriate practice area. One form per observed OT/OTA. Please note observation hours completed with other rehab personnel or hours earned during the performance of clerical aide positions will not be accepted.

20 hours minimum is required in any combination of the facility types listed. No alternate types of setting will be accepted.

| Total Hours | Facility |
|--------------------|--|
| | Acute care (adult or pediatric) |
| | Skilled Nursing (SNF) / Sub-acute |
| | Long Term Acute Care (LTAC) |
| | Inpatient Rehab (IRU) (adult or pediatric) |
| | School System (Public Pre-K-12) |

PRINTED name of supervising clinician: _____

Title of supervising clinician (OT or OTA): _____

Signature: _____ Date: _____

*Please place this form in a sealed envelope with your signature over the seal.
Thank you for assisting our OTA Candidates with their admissions process!*

Comments: _____

