

## Occupational Therapy Assistant Program

### Instructions for Observation Hours Requirement



The optional observation hours requirement for application to the OTA program is 20 or more hours in any combination of inpatient, skilled nursing facility, home health, 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 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:

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



Observation hours completed in an outpatient clinic, private clinic, assisted and independent living facilities or private school will not be credited with optional bonus points.

**OCCUPATIONAL THERAPY ASSISTANT PROGRAM  
OBSERVATION EVALUATION FORM**



Name of Applicant: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Please indicate the total number of observation hours completed in the appropriate practice area.  
Please note observation hours completed with other rehab personnel or hours earned during the performance of clerical aide positions will not be accepted. Hours may be verified.

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

Date	Facility	Total Hours	OT/OTA Signature	OT/OTA Printed Name
	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)			
	Home Health			

***The observation form can be mailed or delivered to the following address:  
Chattahoochee Technical College  
School of Health Sciences Office F106  
5198 Ross Road  
Acworth, GA 30102***

***Thank you for assisting our OTA Candidates with their admissions process!***

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