



OBSERVATION HOURS VERIFICATION FORM

The Observation Hours Verification Form **MUST** be completed by a licensed Occupational Therapist (OTR/L) OR Occupational Therapy Assistant (COTA/L). Forms not completed by an OTR/L or COTA/L will **NOT** be evaluated. OTA applicants are required to complete a **minimum of 24 hours** of observation in **at least TWO** different clinical setting offering occupational therapy services. Many observation sites require proof of CPR and TB test results. Proper attire is business casual (i.e. slacks or trousers with blouse, shirt or sweater). All clothing should be comfortable, modest, and allow for movement while observing patients and clients. Avoid tight fitting clothing, high-heels, leggings, knit pants, jeans and jewelry. Shoes should be comfortable, closed-toe, rubber soled and worn with socks. Long hair should be pulled up and worn away from the face. **OTA Applicants shall provide each site with the following:**

- This Observation Hours Verification Form with top part filled out by applicant
- An envelope addressed to the BSOTA Program at St. Andrews University

Document your experiences on this form and place in sealed envelope. Answer the ten questions regarding your overall observation experiences provided below and submit this form in the sealed envelope with the program application by the designated timeline.

APPLICANTS: Please sign the waiver below prior to giving this form to the supervising therapist

I waive the right to review this completed form in order to afford an unbiased evaluation by the supervising therapist.

Applicant Signature: _____ Date: _____

STUDENT INFORMATION (To be completed by the student):		
Name:		
Address:		
City:	State:	Zip:
FACILITY INFORMATION (To be completed by the student):		
Name of Facility:		
Address:		
City:	State:	Zip:
Type of Setting:		
VERIFICATION BY THERAPIST (To be completed by an OT or OTA):		
OTR/COTA Name (Print):	OTR/COTA License #:	
OTR/COTA Contact #:		
Observation Date/s:	# of Hours Completed:	

To the Supervising OTR/COTA, please rate the applicant on the following characteristics and return the form to the university in the envelope provided by the applicant.

CHARACTERISTIC	Exceptional	Excellent	Good	Below Average	Unable to Rate
Communicates Effectively					
Professional Demeanor					
Interest in the field of OT					
Motivation for the proposed program of study					
Ability to relate to clients and patients					

*What qualities did you observe that would make the applicant a great OTA??

*Please indicate your overall level of endorsement for admission of the candidate by checking one of the categories below:

- Highly Recommend
 Recommend
 Recommend with Reservation
 Do Not Recommend

Comments (optional):

Signature of Evaluator: _____

Date: _____

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Answer each question below regarding your experiences observing an OTR and/or COTA. Sign the form. Submit the completed form with your BSOTA program application:

1. In your own words, what is occupational therapy?

Response:

2. Describe the main responsibilities of the occupational therapist (OT).

Response:

3. Describe the main responsibilities of the occupational therapy assistant (OTA).

Response:

4. Identify at least 4 areas/settings of practice for the OTA.

Response:

5. List 3 examples of referral sources for OT services.

Response:

6. What types of diagnoses and/or conditions are typically seen in an OT clinic? Describe at least 3.

Response:

7. Describe the types of therapeutic equipment used by an OT/OTA

Response:

8. Explain one or two differences you observed between OT services and another healthcare discipline.

Response:

9. What is an interdisciplinary team? List the professionals that can typically be part of the team. What are some benefits of working with an interdisciplinary team?

Response:

10. What ethical dilemmas have you observed or discussed that may impact the delivery of OT services in the settings you have visited?

Response:

I. Instructions for Completing the Observation Hours Form for Occupational Therapy:

1. You are required to complete observation hours in an occupational therapy clinic to help you learn about the profession of occupational therapy so that you make an informed decision when selecting a career that meets your expectations and needs.
2. You need to complete 24 hours of observation under the supervision of an occupational therapist (OT) or a certified occupational therapist assistant (COTA). You must observe OT services in at **least two different settings** to obtain a total of 24 hours of observation.
3. Complete a separate “Observation Hours Verification Form” for **EACH** clinical site.

II. Where to go for observation hours?

1. You may complete observation hours in any facility offering occupational therapy services by licensed practitioners. The following list contains samples of typical places offering OT services:
 - a) Hospitals
 - b) Nursing Homes
 - c) Rehab Centers
 - d) Schools System
 - e) Orthopedic Clinics
 - f) Sports Clinics
 - g) Mental Health Clinics
 - h) Private Practice Clinics
2. You need to call the site and set up an appointment to meet with the designated practitioner in the OT clinic, OR the designated person who oversees coordinating volunteers
 - a) Ensure the feasibility of observation at the facility
 - b) Find out what your duties will be and your supervisor’s expectations.
4. Remember to adhere to the facility’s policies and procedures.
 - a) Many observation sites require proof of CPR and TB test results.
5. Adhere to the facility’s rules and regulations concerning dress code, behavior, and confidentiality.
 - a) Proper attire is usually business casual (i.e. slacks or trousers with blouse, shirt or sweater). All clothing should be comfortable, modest, and allow for movement while observing patients and clients. Avoid tight fitting clothing, high-heels, leggings, knit pants, jeans and jewelry. Shoes should be comfortable, closed-toe, rubber soled and worn with socks. Long hair should be pulled up and worn away from the face.
6. Please, keep your appointments/schedules as planned by your supervisor. Also, make sure to notify your supervisor 24 hours in advance, if there is a need to cancel or reschedule your itinerary

III. How to Complete the Form

1. You need to print the form and discuss its content during the first meeting with your supervisor to ensure exposure to the appropriate experiences.
2. You are responsible for completing all the tasks and for entering the appropriate information directly on the designated boxes posted on the form.
3. Upon completion of your observation hours, have your supervisor review your responses to all the tasks. Ensure that s/he fills in the Profile Section and signs the form. The completed form must be included in the Admission Packet when submitting it to the Program Director by the designated application deadline.

Additional Information:

Observation hours may be waived if the applicant has experience as a Rehab Tech or Allied Health clinician. In order to waive the observation hours, the applicant must provide the following document/s along with the program application:

1. A PDF copy of an official letter (written on the company’s letterhead) from an occupational therapy practitioner certifying that the applicant worked closely with the occupational therapy department and describing the role and type of experiences to which the applicant was exposed at the site.
2. Or PDF copies of professional credentials (submit copies along with the program application).

