

VERIFICATION OF OBSERVATION HOURS

This form **MUST** be completed by a licensed Occupational Therapist (OTR/L). Forms not completed by an OTR/L will **NOT** be accepted. OTD applicants are required to complete up to **15 hours** of observation. 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.

Observations completed in person in **TWO** different clinical settings offering OT services is preferred. Virtual observations completed through telehealth or webinars will also be accepted. Accepted virtual observation webinars include AOTA Online Modules, OT State Association Online Modules and/or other continuing education platforms. Please note that if your observation hours are completed by webinar a certificate of completion must be submitted with the Applicant Statement of Attestation **AND** the 6 questions provided at the end of this form.

Instructions:

1. Read the below instructions carefully.
2. Sign and date the **Statement of Attestation** below **AFTER** you have completed the required observation hours specified above.
3. Document your observation hours on the **Verification Form**. Please use a separate form for observation hours completed in a different setting.
4. Give the form to the occupational therapist you observed so that they may verify your observation hours by filling out the form and signing the statement of attestation. **The form MUST be signed by the registered and licensed occupational therapist which you have observed.** If your observation hours are completed by webinar a certificate of completion must be submitted with the Applicant Statement of Attestation **AND** the 6 questions provided at the end of this form.
5. Read and answer the 6 questions at the end the **Verification of Observation Experiences Form** regarding what you learned during your observation experiences.
6. Submit your answers with the completed **Verification of Observation Experiences Form(s) AND the signed Statement of Attestation below** with your enrollment application by November 15th (early admission timeline) or April 15th (regular admission timeline).

APPLICANT STATEMENT OF ATTESTATION

I, _____ *attest that this information is true, accurate, and complete and*
(Student Name)
understand that any falsification, omission, or concealment of any material fact may disqualify my
application for admission to the OTD program at FMU.

Applicant Signature: _____

Date: _____

VERIFICATION OF OBSERVATION HOURS FORM

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 OTR/L):		
OTR/L Name (Print):	OTR License #:	
OTR/L Contact #:		
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	
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Observation Date:	# of Hours Completed:	
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To the Supervising OTR/L, please provide a few statements regarding the applicant’s goodness of fit for a career in Occupational Therapy:

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

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

- Highly Recommend
 Recommend
 Recommend with Reservations
 Do Not Recommend

Comments (optional):

SUPERVISING THERAPIST STATEMENT OF ATTESTATION

“I _____, hereby attest that the information on this form accurately reflects the observation hours and recommendations that I made in my capacity when I observed the above listed applicant.”

Signature of Evaluator: _____ Date: _____

VERIFICATION OF OBSERVATION EXPERIENCE

Please answer each question below regarding your experiences observing an OTR/L. Sign the Applicant Statement of Attestation. Submit all forms with your application.

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

Response:

2. Describe the main responsibilities of the occupational therapist (OTR/L).

Response:

3. Identify at least 4 areas/settings of practice that an Occupational Therapy Practitioner can provide services.

Response:

4. Describe the types of therapeutic equipment that were used by the OT practitioners you observed?

Response:

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

Response:

6. 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: