



Master of Science in Occupational Therapy

OT Observation Verification

For acceptance into the Occupation Therapy Program students must complete and submit evidence of a total of 25 hours of volunteer/observation with an occupational therapy practitioner in a minimum (2) different occupational therapy settings. This form needs to be filled out and signed by the occupational practitioner(s) in each setting you observe in. **NOTE: If your hours of clinical observation will not be completed at the time of application, please submit a letter with your application indicating the anticipated date of observation hour completion.**

Student name: _____

Name of Occupational Therapy Practice Site: _____

Supervising OT _____

Address: _____

Telephone number: _____

Email: _____

Population served at this site/type of practice setting: _____

Total hours spent at this practice site: _____

Signature of Occupational Therapy Practitioner

Print Name

Title

Date

Note to the practitioner: You may attach any additional information to this form.

Return to: Graduate Admissions Office, 120 White Hall, Utica College, 1600 Burrstone Road, Utica, NY 13502

Phone: 315-792-3010

Fax: 315-223-2530

Email: jrowe@utica.edu