



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 of (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.

Student Name: _____

Name of Occupational Therapy Practice Site: _____

Supervising OT (name and title) _____

Address: _____

Telephone number: _____

Email: _____

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

Total hours spent at this practice site: _____ Dates _____

Signature of supervising Occupational Therapy Practitioner

For those students in the Health Studies-OT program: Return this form to Shelly LoGalbo in the School of HPE, Room 230, White Hall by January 1 of your junior year.

For those students applying as graduates: Return this form to the Graduate Admissions Office, Utica College, 1600 Burrstone Road, Utica, NY 13502 Phone: 315-792-3010 Fax: 315-223-2530 Email: jrowe@utica.edu. *Note to the applicant:* 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.