

Saint Francis University
Department of Occupational Therapy
P.O. Box 600
Loretto, PA 15940-0600
814-472-3899

Documentation Form for Occupational Therapy Observation

(PLEASE PRINT)

Applicant Name: _____

NAME OF FACILITY: _____

ADDRESS: _____ TELEPHONE: _____

PRACTICE SETTING: acute care rehab outpatient
 outpatient pediatrics mental health
 other: _____

_____ hours of experience were completed as a: volunteer employee

THESE HOURS (please choose):

- fulfill the 10-hour requirement for admission into the MOT program
- fulfill the 30-hour requirement for progression in the MOT program
- fulfill the 50-hour requirement for *graduate* admission to the MOT program
- fulfill the 25/50-hour requirement as part of the OT301/302 exemption policy
- fulfill general observation hours required as part of process of transferring into the OT program (external or internal)

INCLUSIVE DATE(S): _____

Student signature _____

Signature of Occupational Therapy Practitioner _____

FOR OFFICE USE:

Date verified: _____

Signature: _____