

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: _____