OCCUPATIONAL THERAPY CLINICAL OBSERVATIONS

GUIDELINES: Applicants are required to have a minimum of twenty (20) total hours of documented clinical observation in Occupational Therapy in a minimum of two (2) different practice settings (see below for examples). This observation form may be duplicated and used for documenting different observations.

1. **The required 20 hours must be with a licensed occupational therapist that is providing treatment.** Time spent with other rehabilitation personnel will NOT meet the required 20 hours criteria. ONLY OT OBSERVATIONS VERIFIED IN WRITING BY A LICENSED OCCUPATIONAL THERAPIST WILL BE ACCEPTED.

2. **Observations must take place in a minimum of 2 OT practice settings (examples below).** Note, a sustained observation experience is considered beneficial to the applicant's preparation for entering the profession of occupational therapy.

**EXAMPLES OF PRACTICE SETTINGS**
(Minimum of 2 settings required)

- Hospital
- Outpatient
- Home health
- Mental health
- Community-based setting
- School

**INSTRUCTIONS FOR COMPLETING OT OBSERVATION FORMS**

- Provide the required forms to record the required minimum 20 hours of observation. More observation hours are encouraged if possible.

- Use a different form for each observation experience.

- OT Observation Forms – Completion and Submission Instructions:
  1. Student completes the form.
  2. Licensed Occupational Therapist signs and provides license number. Please make sure each piece of each form is completed to avoid a declined application.
  3. Completed form to be returned to student.
  4. Student to include observation forms with submission of all other application materials to OTCAS.
  5. Student should retain a copy of the form uploaded in to OTCAS for their own records.
OCCUPATIONAL THERAPY OBSERVATION FORM

To be filled out by applicant

Applicant’s Name: ______________________________________________________

Facility: ______________________________________________________________

Name and description of setting: __________________________________________

Dates for this experience: ___________________________ Total hours: __________

Summary of observations (populations, treatments, etc.): ______________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the above applicant has observed a licensed occupational therapist at this facility

Printed Name of Licensed Occupational Therapist: ____________________________

Email Address: __________________________________________________________

Signature of Licensed Occupational Therapist ___________________ State License # _______ Date __________

May we contact you with questions about this applicant? (please circle)  YES NO