OCCUPATIONAL THERAPY ASSISTANT CLINICAL OBSERVATIONS

GUIDELINES: Applicants are required to have a minimum of **fifteen (15) 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 15 hours must be with a licensed occupational therapy assistant or a licensed occupational therapist that is providing treatment.** Time spent with other rehabilitation personnel will NOT meet the required 15 hours criteria. **ONLY OTA and OT OBSERVATIONS VERIFIED IN WRITING BY A LICENSED OTA OR OT WILL BE ACCEPTED.**

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

**EXAMPLES OF PRACTICE SETTINGS**

(Minimum of 2 settings required)

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

INSTRUCTIONS FOR COMPLETING OTA OBSERVATION FORMS

- Provide the required forms to record the required minimum 15 hours of observation. More observation hours are encouraged if possible.
- Use a different form for each observation experience.
- OTA Observation Forms – Completion and Submission Instructions:
  1. Student completes the form.
  2. Licensed Occupational Therapy Assistant or 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.
  5. Student should retain a copy of the form for their own records.
To be filled out by applicant

Applicant’s Name: __________________________________________________________

Facility: ________________________________________________________________

name    city    state    zip

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 OTA or OT at this facility

Printed Name of Licensed OTA or OT: ______________________________________

Email Address: __________________________________________________________

_________________________________________     ___________________________  _____
Signature of Licensed OTA or OT    State License #    Date

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