

VERIFICATION OF OBSERVATION HOURS

This form **MUST** be completed by a licensed Occupational Therapist (OTR/L). Forms not completed by an OTR/L will **NOT** be accepted. OTD applicants are required to complete up to a minimum of **20 hours** of observation in **at least TWO** different clinical settings offering OT services (Ex. 10 hours pediatric clinic, 10 hours skilled nursing). Please fill out a separate form for each setting. Many observation sites require proof of CPR and Immunization. Professional attire worn during observation should be consistent with the Program's dress code policy: business casual (i.e. slacks or trousers with blouse, shirt or sweater), comfortable, modest, and allowing for movement while observing patients and clients. Tight fitting clothing, high-heels, leggings, knit pants, jeans and large jewelry are against dress code. Shoes should be comfortable, closed-toe, rubber soled and worn with socks. Long hair must be neatly held back or pulled up away from the face.

Instructions:

1. Please See Form Instructions and Review.
2. Sign the Attestation below.
3. Document your observation hours on the **Verification Form**. Please use a separate form for different settings.
4. Give the form to the supervising therapist to verify your observation hours.
5. Answer the ten questions regarding your overall observation experiences listed at the end of the form and provided below.
6. Submit your answers with each completed **Verification Form(s) AND signed Statement of Attestation** as part of your enrollment application by February 15th.

APPLICANT STATEMENT OF ATTESTATION

I, _____ *attest that this information is true, accurate, and complete and*
(Student Name)
understand that any falsification, omission, or concealment of any material fact may disqualify my
application for admission to the OTD program at FMU.

Applicant Signature: _____ Date: _____

VERIFICATION FORM

STUDENT INFORMATION (To be completed by the student):		
Name:		
Address:		
City:	State:	Zip:
FACILITY INFORMATION (To be completed by the student):		
Name of Facility:		
Address:		
City:	State:	Zip:
Type of Setting:		
VERIFICATION BY THERAPIST (To be completed by an OTR/L):		
OTR/L Name (Print):	OTR License #:	
OTR/L Contact #:		
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	
Observation Date:	# of Hours Completed:	

To the Supervising OTR/L, please provide a few statements regarding the applicant’s goodness of fit for a career in Occupational Therapy:

*What qualities did you observe that would make the applicant a great OT??

*Please indicate your overall level of endorsement for admission by checking one of the categories below:

Highly Recommend Recommend Recommend with Reservations Do Not Recommend

Comments (optional):

SUPERVISING THERAPIST STATEMENT OF ATTESTATION

“I _____, hereby attest that the information on this form accurately reflects the observation hours and recommendations that I made in my capacity when I observed the above listed applicant.”

Signature of Evaluator: _____ Date: _____

VERIFICATION OF OBSERVATION EXPERIENCE

Answer each question below regarding your experiences observing an OTR/L. Sign the form and submit with your application:

1. In your own words, what is occupational therapy?

Response:

2. Describe the main responsibilities of the occupational therapist (OTR/L).

Response:

3. Identify at least 4 areas/settings of practice that an Occupational Therapy Practitioner can provide services.

Response:

4. Describe the types of therapeutic equipment that were used by the OT practitioners you observed?

Response:

5. Explain one or two differences you observed between OT services and another healthcare discipline.

Response:

6. What is an interdisciplinary team? List the professionals that can typically be part of the team. What are some benefits of working with an interdisciplinary team?

Response:

I. Instructions for Completing the Observation Hours Form:

1. To qualify for admission, you are required to complete observation hours in an occupational therapy clinic to help you learn about the profession of occupational therapy so that you make an informed decision when selecting a career that meets your expectations and needs.
2. Up to **20 hours** of observation under the supervision of an occupational therapist (OT) are required in at **least two different settings**. In the event that an applicant is unable to acquire the required hours due to unforeseen/extenuating circumstances such as restrictions due to COVID-19 regulations, an equivalent immersive experience may be used as a substitute at the discretion and with the approval of the of the Chair/Director of the Program.
3. Document the **20 hours** of observation you completed on the VERIFICATION FORM. Submit **ONE** form for **EACH** clinical site.

II. Where to go for observation hours?

1. You may complete observation hours in any facility offering occupational therapy services by licensed practitioners. The following list contains samples of typical places offering OT services:
 - a) Hospitals
 - b) Nursing Homes
 - c) Rehab Centers
 - d) Schools System
 - e) Orthopedic Clinics
 - f) Sports Clinics
 - g) Mental Health Clinics
 - h) Private Practice Clinics
2. You need to call the site and set up an appointment to meet with the designated practitioner in the OT clinic, OR the designated person who oversees coordinating volunteers
 - a) Ensure the feasibility of observation at the facility
 - b) Find out what your duties will be and your supervisor's expectations.
4. Remember to adhere to the facility's policies and procedures.
 - a) Many observation sites require proof of CPR and TB test results.
5. Adhere to the facility's rules and regulations concerning dress code, behavior, and confidentiality.
 - a) Proper attire is usually business casual (i.e. slacks or trousers with blouse, shirt or sweater). All clothing should be comfortable, modest, and allow for movement while observing patients and clients. Avoid tight fitting clothing, high-heels, leggings, knit pants, jeans and jewelry. Shoes should be comfortable, closed-toe, rubber soled and worn with socks. Long hair should be pulled up and worn away from the face.
6. Please, keep your appointments/schedules as planned by your supervisor. Also, make sure to notify your supervisor 24 hours in advance, if there is a need to cancel or reschedule your itinerary

III. How to Complete the Form

1. You need to print the form and discuss its content during the first meeting with your supervisor to ensure exposure to the appropriate experiences.
2. You are responsible for completing all the tasks and for entering the appropriate information directly on the designated boxes posted on the form.
3. Upon completion of your observation hours, have your supervisor review your responses to all the questions. Ensure that she/he completes the form in its entirety and signs the form. The completed form must be included as part of your application by the designated application deadline.

Additional Information:

Observation hours may be waived if the applicant has experience as a Rehab Tech or Allied Health clinician. In order to waive the observation hours, the applicant must provide the following document/s along with the program application:

1. A PDF copy of an official letter (written on the company's letterhead) from an occupational therapy practitioner certifying that the applicant worked closely with the occupational therapy department and describing the role and type of experiences to which the applicant was exposed at the site.
2. Or PDF copies of professional credentials (submit copies along with the program application).

Submission of the above documents does not constitute an automatic waiver of the observation hour requirement. Documents must be submitted early enough for the admissions committee to verify with the applicant that he/she qualifies for the waiver. Should the applicant NOT qualify for the waiver, he/she must complete the observation hours requirement to be eligible for admission in the next application cycle.