

## VERIFICATION OF OBSERVATION EXPERIENCE

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 **15 hours** of observation. Observation completed in **TWO** different clinical settings offering OT services is preferred. If 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 program director. Many observation sites require proof of CPR and TB test results. Proper attire is 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.

### Instructions:

1. Read the below instructions carefully.
2. Sign and date the **Statement of Attestation** below
3. **Your observation hours MUST be of a registered and licensed occupational therapist and/or occupational therapy assistant.** Completion of observation hours in more than one setting makes your application more competitive.
4. Read and answer the 6 questions regarding what you learned during your observation experiences.
5. Submit your answers with **your program specific documentation of your observation hours on the application portal AND the signed Statement of Attestation below.**

### 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: \_\_\_\_\_

## REFLECTION OF OBSERVATION EXPERIENCE

Please answer each question below based on your experiences observing occupational therapy (OT) services. Once completed, submit this form along with your degree program's specific documentation requirements (e.g., observation hour logs, supervisor verification forms, etc.).

1. Describe the setting(s) in which you observed occupational therapy services.

Response:

2. What did you learn about the role of the occupational therapy practitioner during your observation experience?

Response:

3. Reflect on a specific moment during your observation that stood out to you. Why was this moment impactful, and how did it reinforce your interest in the field?

Response:

4. Describe the types of clients that were served, and what kinds of interventions or activities you observed.

Response:

5. What interpersonal or professional qualities did you observe in the occupational therapist(s) that you hope to develop in yourself?

Response:

6. After observing occupational therapy services, how has your understanding of the profession changed or deepened?

Response: