

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.

Read the below instructions carefully:

1. **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.
2. Sign and date the Statement of Attestation below
3. Fill out the Verification of Observation Hours Form as indicated.
4. Read and answer the 6 questions regarding what you learned during your observation experiences.
5. Submit **the signed Statement of Attestation below, the Verification of Observation Hours Form AND the Reflection of Observation Hours Form** with your completed application.

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 OF OBSERVATION HOURS 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: _____

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: