

**UNIVERSITY OF SOUTH ALABAMA DEPARTMENT  
OF OCCUPATIONAL THERAPY  
DOCUMENTATION OF OCCUPATIONAL THERAPY EXPERIENCE**

**A MINIMUM OF 20 and MAXIMUM of 60 DOCUMENTED OT OBSERVATION HOURS ARE REQUIRED.**

STUDENT'S NAME: \_\_\_\_\_

The above student has observed Occupational Therapy hours at the following:

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**NAMES AND CREDENTIALS OF OTR and/or COTA SUPERVISOR:**

License #

**OT SUPERVISOR'S EMAIL:** \_\_\_\_\_

**TYPE OF EXPERIENCE:**

(please check all that apply)

- \_\_\_\_\_ inpatient
- \_\_\_\_\_ outpatient
- \_\_\_\_\_ pediatrics
- \_\_\_\_\_ geriatrics
- \_\_\_\_\_ mental health/psychiatry
- \_\_\_\_\_ physical rehabilitation
- \_\_\_\_\_ health promotion/disease prevention
- \_\_\_\_\_ other, please specify \_\_\_\_\_

**STUDENT'S ROLE:**

(please check all that apply)

- \_\_\_\_\_ observation
- \_\_\_\_\_ assist in treatment wph
- \_\_\_\_\_ in 2 hrs
- \_\_\_\_\_ in 3 hrs
- \_\_\_\_\_
- \_\_\_\_\_