



Occupational Therapy Program

### Observation Hours Verification Form

Applicant: \_\_\_\_\_

The above applicant completed a total of \_\_\_\_\_ hours of occupational therapy observation under my supervision.

I am a licensed occupational therapy professional and I acknowledge that by completing this form I may be contacted further regarding the applicant's observational experience.

Printed name of OT: \_\_\_\_\_

Signature of OT: \_\_\_\_\_

Facility/Institution/Agency Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail/Telephone: \_\_\_\_\_

Population Observed: \_\_\_\_\_