A MINIMUM OF 25 DOCUMENTED OT OBSERVATION HOURS ARE REQUIRED.

STUDENT'S NAME: ________________________________________________________________

The above student has volunteered or worked for me 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:  STUDENT'S ROLE:

(please check all that apply)  (please check all that apply)

_____ inpatient  _____ observation

_____ outpatient  _____ assist in transport of clients/patients

_____ pediatrics  _____ assist therapist in treatment of clients/patients

_____ geriatrics  _____ other, please specify

_____ mental health/psychiatry

_____ physical rehabilitation

_____ health promotion/disease prevention

_____ other, please specify ____________

WAS THIS A PAID___________ OR VOLUNTEER___________ POSITION?  (Please check one)

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TOTAL OF HOURS: _______________________________________________________________

OTHER COMMENTS:

Date: ___________________________ Signature: ______________________________

Occupational Therapy Supervisor

This form may be duplicated and sent to the appropriate number of occupational therapists.

Please return this form to:

University of South Alabama
OT Admissions Committee
Department of Occupational Therapy
5721 USA Drive North, Room 2027
Mobile, Alabama 36688-0002