## OCCUPATIONAL THERAPY CLINICAL OBSERVATION FORM



Walsh University's occupational therapy program requires the applicant to observe occupational therapy patient care under the supervision of a licensed occupational therapy assistant in **2** different locations.

- We require a total of 20 observation hours in a minimum of 2 locations.
- The applicant may observe in two different patient care locations, if available, within the same facility, e.g., inpatient acute care and outpatient. The applicant must, in such an instance, submit an observation form for each location indicating the supervising occupational therapist/therapy assistant if they are different.
- Applicants who have passed the NBCOT exam for OTA and are employed as an occupational therapy assistant are not required to complete the observation hour requirement.
- Applicants employed in an occupational therapy location in direct patient care, i.e., aide or technician, must observe in at least one other location in a different facility or facilities.
- Use only one form per location—please photocopy the number of forms needed.

## Applicant to complete:

Applicant:		Phone:
Last Name	First	M.I.
Facility Name:		Facility Phone:
Facility Address:		
Type of Occupational Thera	py Setting:	
		Hours Observed:
I observed or participated in	the following pat	tient care activities:
Applicant's Signature:		Date:
Supervising Occupational	Therapist/Thera	rapy Assistant to complete:
I certify that the above indiv	idual completed a	an observation experience as noted at our facility.
Printed Supervisor Name:		
	-	License Number State
Signature of Supervising OT/OT	А	License Number State
	Thank you for yo	our time and input in this process.
[Type here]		

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