# Doctor of Occupational Therapy

## DOCUMENTATION OF EXPERIENCE

This form is to be completed by the applicant and verified by the Occupational Therapist supervising the experience.

### APPLICANT'S SECTION

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

### OCCUPATIONAL THERAPIST'S SECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name/Address</td>
<td>Phone</td>
</tr>
</tbody>
</table>

### VERIFICATION OF EXPERIENCE

<table>
<thead>
<tr>
<th>Volunteer/observation dates</th>
<th>/</th>
<th>through</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>month</td>
<td>year</td>
<td>month</td>
<td>year</td>
</tr>
</tbody>
</table>

- Volunteer/observer
- Paid employee

Approximate # of hrs. ______ | ______

### Type of facility:

- Acute care hospital
- Long term care
- School system
- Skilled nursing facility
- Rehabilitation hospital
- Home health
- Out-patient clinic
- Other _____________

### Type of patients observed:

- Orthopedics
- Spinal cord injury
- Burns
- Hand therapy
- Pediatrics
- Psychiatric
- Neurological
- Amputees
- Other _____________

### Treatment modalities observed:

- Exercise
- Family training
- ADL training
- Developmental training
- Positioning
- Work hardening
- Mobility training
- Cognitive rehab
- Recreational
- Splinting
- NDT training
- Other _____________

I certify that the information provided is complete and correct.

Occupational Therapist’s Signature | Date

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