

Occupational Therapy Observation Hours

This is a sample form that can be uploaded to OTCAS.

Applicant Name (print): _____

Applicant Signature and Date: _____

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Setting Type: _____

Patient Population: _____

Date of Observation	Volunteer or Employee?	Hours Observed

Total Number of Observation Hours: _____

Comments from the Supervising Occupational Therapist regarding the applicant (optional):

Supervising Occupational Therapist's Name and Credentials (print):

Supervising Occupational Therapist's Signature and Date:
