Observation Hours Verification Form Occupational Therapy Assistant Program

Applicants to the Neosho County Community College Occupational Therapy Assistant Program are required to have a minimum of <u>8 hours total</u> observation, shadowing, or volunteering in a two different settings that:

offer direct therapy services for individuals with disabilities

OR

 offer support services for at risk individuals or groups, (e.g., community mental health centers, aging and disability resources, Special Olympics, specialized camps, support groups)

This could be through observation with an OTR or COTA or could be through volunteer work. It is required that the experience be completed at a minimum of two separate locations for a minimum of 4 hours in each setting.

Applicants should not complete observation hours at their place of employment.

| This serves to verify completion for: |
|---------------------------------------|
| Applicant's Name: |
| Name of Setting: |
| Date: |
| Amount of time: |
| Supervisor's Signature and job title: |
| Comments: |

Observation Hours Verification Form Occupational Therapy Assistant Program

Applicants to the Neosho County Community College Occupational Therapy Assistant Program are required to have a minimum of <u>8 hours total</u> observation, shadowing, or volunteering in a two different settings that:

offer direct therapy services for individuals with disabilities

OR

 offer support services for at risk individuals or groups, (e.g., community mental health centers, aging and disability resources, Special Olympics, specialized camps, support groups)

This could be through observation with an OTR or COTA or could be through volunteer work. It is required that the experience be completed at a minimum of two separate locations for a minimum of 4 hours in each setting.

Applicants should not complete observation hours at their place of employment.

| This serves to verify completion for: | |
|---------------------------------------|--|
| Applicant's Name: | |
| Name of Setting: | |
| Date: | |
| Amount of time: | |
| Supervisor's Signature and job title: | |
| Comments: | |