



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Clinical Experience Documentation Form

Name of Applicant (Print Please) _____

WSSC Student # _____

The OTA program requires that applicants complete a total of 24 quality hours divided between two (2) different Occupational Therapy Department settings. By quality experience we mean actual time spent observing patient care, not time spent observing department "down time". Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.)

Hours of observation may be performed under an Occupational Therapist or Occupational Therapy Assistant.

DAY	STARTING TIME		ENDING TIME		# of Hours	Name of Facility	Location (City, State)	Telephone Number	Printed Name of Supervisor
	HR	MIN	AM/PM	HR					
/	:	:	:	:					
/	:	:	:	:					
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/	:	:	:	:					
/	:	:	:	:					

_____ TOTAL DAYS

TOTAL HOURS _____

(This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were performed by me. I understand that the WSSC Admissions Committee will verify this document for authenticity and realize that falsification of this document will result in my application to the OTA Program being withdrawn from consideration.

Student Signature

Date