



# OCCUPATIONAL THERAPY ASSISTANT PROGRAM

## Clinical Observation Documentation Form

**Name of Applicant (Print Please)** \_\_\_\_\_

**WSSC Student #** A \_\_\_\_\_

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 may be divided among facilities in any way, provided the total number of hours is 24.

Hours of observation may be performed under an Occupational Therapist or Occupational Therapy Assistant. If you observe multiple disciplines (OT & PT) during your day, you may only count the time spent with the OT or OTA toward the observation requirement.

DAY	Starting Time HR MIN AM/PM	Ending Time HR MIN AM/PM	# of Hours	Name of Facility	Location (City, State)	Telephone Number	Printed Name of Supervisor	Signature of Supervisor (with credentials)
/	:	:						
/	:	:						
/	:	:						
/	:	:						
/	:	:						
/	:	:						
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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for authenticity and realize that falsification of this document will result in my application to the OTA Program being withdrawn from consideration.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**



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In lieu of observation hours, please review the following information and complete the attestation form:

<https://www.aota.org/Education-Careers/Considering-OT-Career.aspx>

<https://www.aota.org/career/become-an-ot-ota/about-the-profession>

Please upload the link to three additional, credible sources that you researched to provide you information about this career.

I attest that I have reviewed the following information about occupational therapy in lieu of observation hours, and am thoughtfully making the decision to pursue a career as an occupational therapy assistant with a clear understanding of the job opportunities and expectations. I feel pursuing this career path aligns with my professional goals and skill set and I submit this application willingly and purposefully.

Signature

Date

You will need to upload the signed document in lieu of the observation form in your application.