

**Occupational Therapy Observation Hours Summary Form
Master of Occupational Therapy Program**

Applicant Name: _____

Year Applying For: _____

**Minimum of 20 hours with an occupational therapy practitioner (OT or COTA), 40 hours preferred;
In at least two different practice settings.**

Facility/Site Name	Description of Population/Setting	Dates: From – To	Supervisor Name & Credentials	Supervisor Contact Information (phone or email)	Total # of Hours at Site
			Print Name: Signature:		
			Print Name: Signature:		
			Print Name: Signature:		
			Print Name: Signature:		
			Print Name: Signature:		