

**DOCUMENTATION OF OCCUPATIONAL THERAPY OBSERVATION**

Applicant Name \_\_\_\_\_

**Requirement:** Provide evidence of 24 hours of observation under an occupational therapist or an occupational therapy assistant in at least three (3) varied occupational therapy clinical departments (i.e., practice settings) within the two (2) calendar years preceding the application deadline. A maximum of eight (8) observation hours can be obtained from completion of an internship, employment in a setting (i.e. working as a rehab technician), volunteering in a setting, and/or completing UMMC online virtual observation modules. *This form may be duplicated for use at each observation site.*

**Applicant:** Applicants should offer an addressed and stamped envelope to the OTR/OTA supervisor with the following address: University of Mississippi Medical Center, Office of Enrollment Management, 2500 North State Street, Jackson, MS 39216 Fax: 601.984.1079 or Email: rhubbard@umc.edu. Based on the supervisor’s request, applicants may be allowed to mail the sealed observation form OR upload a hardcopy of the form directly to the application website.

**OTR/OTA Supervisor:** If you prefer to mail the observation form, please place the completed form in the envelope provided by the student, seal it and sign across the back. You may also allow the applicant to mail the form as long as the signature remains intact; **OR**, you may allow the applicant to upload the completed form directly to the application website. **For questions or concerns, contact the SHRP OTD Department at 601.984.6350.**

**DOCUMENTATION OF OBSERVATION HOURS:**

Date of Observation	# Hours Observed in Setting	Setting (i.e., Acute, Inpatient, Peds, Schools, SNF, Home Health, Rehab, etc.):
<b>TOTAL OF HOURS:</b>		

Is this student employed or completing an internship at this *facility*?      Yes      No  
 Is the student employed or completing an internship in this *setting*?      Yes      No

**Rate the Student on the following (0 = not at all; 4 = very much so; N/O = not observed)**

<b>The Student:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
Is punctual						
Dresses professionally						
Exhibits professional behavior & attitude						
Demonstrates positive communication with patients/team						
Is appropriately active, interested and engaged						

**Additional COMMENTS that may be useful during the OTD application process:**

Facility name & address: \_\_\_\_\_

Supervisor name & credentials: \_\_\_\_\_ LICENSE # \_\_\_\_\_

Supervisor’s Email/Phone: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_