



Master of Occupational Therapy
DOCUMENTATION OF EXPERIENCE

This form is to be completed by the applicant and verified by the Occupational Therapist supervising the experience.

APPLICANT'S SECTION

Name, Address, Phone fields. Office use only box for HSC Badge #.

OCCUPATIONAL THERAPIST'S SECTION

Name, Title, Facility Name/Address, Phone fields.

VERIFICATION OF EXPERIENCE

Volunteer/observation dates field with month/year and through month/year options.

Checkboxes for Volunteer/observer and Paid employee, with approximate # of hrs. fields.

Type of facility: Acute care hospital, Rehabilitation hospital, Long term care, Home health, School system, Out-patient clinic, Skilled nursing facility, Other.

Type of patients observed: Orthopedics, Hand therapy, Neurological, Spinal cord injury, Pediatrics, Amputees, Burns, Psychiatric, Other.

Treatment modalities observed: Exercise, Positioning, Recreational, Family training, Work hardening, Splinting, ADL training, Mobility training, NDT training, Developmental training, Cognitive rehab, Other.

I certify that the information provided is complete and correct.

Occupational Therapist's Signature and Date fields.