

Occupational Therapy Observation Hours Form
Saint Joseph's University – School of Health Professions
Graduate Professional Admissions

Admission to the Saint Joseph's University Graduate Professional Occupational Therapy program requires a **minimum of 50 hours of shadow experience with a licensed occupational therapist practitioner (OT or COTA)**. Please use this form to track and verify the number of hours an applicant has completed. Please make additional copies of this form as needed. If you have any questions surrounding observation hours, please contact the Health Professions Team at healthprofessions@sju.edu.

This form must be completed by the student and signed by a licensed occupational therapist practitioner (OT or COTA).

Applicant's Full Name: _____

Address: _____

City, State, Zip: _____

Verification

The above applicant completed _____ hours of occupational therapy observation under my supervision.
Supervisor Comments:

I verify that I am a licensed occupational therapist practitioner (OT or COTA) and acknowledge that by signing this form I may be further contacted in regard to the applicant's observational experience.

Name and Title: _____

Name of Facility: _____

Email: _____ Phone: _____

Date: _____ Signature: _____

Form submission: Documentation should be submitted by the applicant to their OTCAS application.