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.