

School of Health Sciences - Occupational Therapy **VOLUNTEER/WORK EXPERIENCE GUIDELINES**

PURPOSE

The Department of Occupational Therapy requires all applicants to observe an Occupational Therapist (OTR). The purpose of this experience is to expose the applicant to the discipline of occupational therapy. It is intended that this observation will enhance the applicant's understanding of the field of occupational therapy, the roles that therapists play within the realm of today's healthcare system and the variety of patient populations that occupational therapists serve. The requirements for this experience are as follows:

- 10 hours minimum
- Settings may include: acute care hospital, out-patient clinic, public/private school, pediatric clinic, skilled nursing facility, psychiatric hospital or day treatment program, assisted living facility, home care agency, private practice, or any other setting where a licensed occupational therapist provides occupational therapy services.

The experience should offer the student the opportunity to:

- Observe verbal and nonverbal communications between clients and the occupational therapy practitioner.
- · Observe occupational therapist's interventions with clients.
- Demonstrate responsible personal behavior, e.g. reporting on time for scheduled date, appropriate dress to the setting.
- Demonstrate respect and honesty toward others.
- Respect confidentiality issues.
- · Observe team interactions related to client care.

APPLICANT INSTRUCTIONS

Write your name below and give this form to the OTR who supervised your observation, volunteer or work experiences.

work experiences.	
UPLOAD: Submit through your application in the Occu	upational Therapist Centralized Application Service
Applicant Name (print):	
Applicant Signature:	Date:
SUPERVISOR INSTRUCTIONS	
Please complete the following:	
ORGANIZATION INFORMATION Name:	
Address:	
Phone Number:	
SETTING TYPE □ Acute □ Inpatient □ Outpatient	□ Community □ Other
POPULATION □ Pediatric □ Adult □ Geriatric	
NUMBER OF STUDENT OBSERVATION HOURS	
OTR Name and Credentials (print):	
OTR Signature:	Date: