

Occupational Therapy Assistant Observation Hours Form

Applicants must complete a total of 8 observation hours, to be completed in at least two different practice settings, with no fewer than 4 hours in each setting. Acceptable settings may include, but are not limited to, an acute care hospital, inpatient rehabilitation facility, outpatient clinic (adult or pediatric), skilled nursing facility, school system, or First Steps early intervention.

Applicants are responsible for finding and contacting an occupational therapy department and/or the facility's volunteer department to schedule observation hours. All shadowing hours must be completed **within one year prior to the application due date (April to April)**. This form must be used to document each observation session, with **one row completed per visit**. An OTR or COTA must **print their name and provide a signature** to verify the observation. Unsigned entries will not be accepted. This form must be submitted with the program application.

As an observer in an occupational therapy practice setting, applicants may have access to **Protected Health Information (PHI)**. PHI is individually identifiable health information, including but not limited to patient names, identification numbers, birth dates, treatment dates, and photographs. Unwarranted disclosure of patient information is in violation and may result in civil and criminal penalties.

Date & Time	Setting Observed	Facility Name, City, State	Number of Hours Completed	Clinician Printed Name (first and last)	Clinician Signature with Credentials.

I agree to maintain the confidentiality of all Protected Health Information (PHI). I attest that the observation hours reported are accurate, complete, and correctly documented.

Applicant Signature

Date