



St. Philip's College Occupational Therapy Assistant Program

Applicant Observation or Employment Verification Form

(Documentation of experience on this form is required for all applications.)
Applicant may use a form from the facility that contains the minimum information below.

Student Name

Facility

Facility Phone Number

Dates of
Volunteering

From

To

Total # of hours

Or

Dates of
Employment

From

To

Total # of hours

Job Title

Supervising Occupational Therapist or Occupational Therapy
Assistant:

OT/OTA License
(circle one) Number

(Please Print Name)

(Signature)

Date

Comments: