



Master of Science in Occupational Therapy
Documentation of experience with occupational therapy

Applicant Name _____

Part I.

TO THE APPLICANT: Please fill out this form and have it signed by an occupational therapist who can verify the hours you have been exposed to occupational therapy. You may make as many copies of this form as you need.

TO THE ATTESTOR: Please verify and /or provide the number of hours the applicant has been exposed to occupational therapy practice at your facility either through paid or volunteer work.

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of OT supervisor	Position at Facility	Signature	Date	
Email:	Tel:			

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of OT supervisor	Position at Facility	Signature	Date	
Email:	Tel:			

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of OT supervisor	Position at Facility	Signature	Date	
Email:	Tel:			

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of OT supervisor	Position at Facility	Signature	Date	
Email:	Tel:			



Master of Science in Occupational Therapy

Documentation of experience with people with special needs or different from yourself

Applicant Name _____

Part II.

TO THE APPLICANT: Please fill out this form and have it signed by a person who can verify the hours you have been exposed to the special populations. Make as many copies of this form as you need.

TO THE ATTESTOR: Please verify and /or provide the number of hours the applicant has been exposed to special populations at your facility either through paid or volunteer work.

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of supervisor	Position at Facility	Signature	Date	
Email:	Tel:			

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of supervisor	Position at Facility	Signature	Date	
Email:	Tel:			

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of supervisor	Position at Facility	Signature	Date	
Email:	Tel:			

Name of Facility and address	Population(s) seen	Dates from – to Dd/mm/yr	Hours per week	Total hours
Name of supervisor	Position at Facility	Signature	Date	
Email:	Tel:			