

Minnesota West Occupational Therapy Assistant Program

OPTIONAL ADMISSIONS FORM

(Only fill out what is relevant and what you wish to share with the OTA Program)

NAME OF STUDENT: _____

~~~~~

***Verification of Observation Hours***

By signing this form, I am acknowledging that the above-named student observed me while I was working as an occupational therapy practitioner.

---

OT/OTA's Name & Signature

Date

---

Location(s) of observation hours

# of Hours

~~~~~

Verification of Related Work Experience

By signing this form, I am acknowledging that the above-named student has been an employee for longer than one month at this place of employment.

Supervisor's Name & Signature

Date

Name of the Place of Employment

Student's Job Title

~~~~~

***Verification of Volunteer Work***

By signing this form, I am acknowledging that the above-named student has been a volunteer.

---

Volunteer Coordinator's (or other appropriate individual) Name & Signature

Date

---

Location of Volunteer Work

Student's Title, if appropriate