Tennessee State University

Department of Occupational Therapy

DOCUMENTATION OF OBSERVATION HOURS

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| --- | --- |
| Applicant Name: | Applicant email: |

Applicant:

* + PRINT your name and email. Give this form to your supervising OT Practitioner.

Clinical Supervisory:

* + This form will document the observation hours required for consideration for admission to Tennessee State University Master of OT Program.

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| Site Name | Date | Number of Hours | Supervisor’s Initials |
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­­­ (Printed name of Supervising OT)

(Signature)

Facility Address:

|  |  |
| --- | --- |
| Type of setting: | |
| Brief description of Duties: | Total Hours Completed: |

\*\*\*This template is optional for uploading to OTCAS supporting documents\*\*\*