



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Instructions for the Professional Exposure Verification Forms and Attendance Log (You will find all forms within this packet)

1. Students are to complete 10 hours of professional exposure experience as part of the clearance requirements into the MU OTA Program.
2. Students must perform the 10 hours in person.
3. If you are completing hours at different sites, you must fill out the Occupational Therapy Professional Exposure Verification and Attendance log for each place you go to.
4. You must have the supervisor or therapist sign to verify that you have completed your hours.
5. Once your hours have been completed, you will upload the form with your application.

If you have any questions regarding any of these forms or about the professional exposure experiences, please reach out to Dr. Gibson (OTA Program Director) at meqibson@methodist.edu or Professor Myers (AFWC) at amyers@methodist.edu.



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Occupational Therapy Professional Exposure Verification

Instructions to Supervisor/Therapist: Your evaluation and comments regarding this student's performance is very important to us. Please complete the following performance task assessments. This form will be reviewed as part of the clearance into the MU OTA Program. Thank you!

Applicant's Name: _____ Date: _____

Facility: _____

Address: _____

Telephone: (____) _____

Supervisor/Therapist Name: _____ Signature: _____

G= Good

F=Fair

P= Poor

N= No opportunity to observe

Table with 6 columns: Performance Tasks, G, F, P, N, Comments. Rows include tasks like social skills, punctuality, safety judgement, etc.

Total Observation hours completed: _____ (This information is required)

Do you recommend this applicant to become a member of the OT profession? Yes No

Additional Comments:



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Professional Exposure Attendance Log

Instructions:

- Please return this required form with your Occupational Therapy Observation Verification Form and all other required documents.
• Please complete this sheet for each of your in-person and virtual professional Exposure Experiences.

Student Name:

Facility:

Table with 5 columns: Date, Time in, Time Out, Total Time, OT or Supervisor Signature. Includes a total row at the bottom.

I certify that the student has completed the professional exposure hours as indicated in the attendance record as shown.

OT/Supervisor Name: _____ Date: _____

OT/Supervisor Signature: _____ Date: _____

Facility Address: _____ Facility Phone Number: _____