

Professional Exposure Experience

****Note: You will need to have **10 hours of in-person professional exposure experiences** to complete the professional exposure requirement prior to clearance into the OTA Program. The professional exposure activities are listed below. If you are having trouble finding a place to volunteer, please reach out to BS OTA Admissions Committee at ota@methodist.edu.*

In-person Opportunities:

- **Observe, shadow or volunteer with an organization that serves occupational therapy clients:** Applicants must complete occupational therapy observation (shadowing) hours and/or volunteer with an organization serving occupational therapy client populations. Examples include hospitals, outpatient clinics, skilled nursing or assisted living facilities, Meals on Wheels, Victory Junction, adaptive sports programs, and Special Olympics. All hours must be verified by the supervising site using the Professional Exposure Verification Form.
- **Professional Engagement:** Applicants may earn professional exposure hours by actively participating in occupational therapy-related student organizations, such as SOTA, COTAD, HOSA, or other approved health professions clubs. Eligible activities include volunteering at club-sponsored events, community service projects, fundraisers, and approved group professional exposure experiences. Participation must be verified by the club advisor or event supervisor using the Professional Exposure Verification Form.

Instructions for the Professional Exposure Verification Forms

- 1.** Students are to complete 10 hours of in person professional exposure experience as part of the clearance requirements into the MU OTA Program.
- 2.** If you are completing your hours at different sites, you must fill out the Occupational Therapy Professional Exposure Verification Form for each site you attend.
- 3.** You must have the supervisor or therapist sign to verify that you have completed your hours.
- 4.** 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 the BS OTA Admissions Committee at ota@methodist.edu.

Occupational Therapy Professional Exposure Verification

Instructions to Supervisor/Therapist: Your evaluation and comments regarding this student's performance are 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: _____

Facility Address: _____

Facility Telephone: _____

Supervisor/Therapist Name: _____

G= Good

F=Fair

P= Poor

N= No opportunity to observe

Performance Tasks	G	F	P	N	Comments:
1. Social skills with OT, staff, clients, other disciplines. (E.g., friendly attitude, appropriate conversation.					
2. Punctuality demonstrates timeliness, good time management.					
3. Safety judgement, alertness to environmental conditions.					
4. Follows department policies, e.g., attire, respect for rules, confidentiality.					
5. Responds to feedback and modifies behavior accordingly.					
6. Demonstrates interest in OT, asks appropriate questions.					

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:

Supervisor/Therapist Signature: _____