

Master of Occupational Therapy  
Alternative Pathway MOT Application Cover Page

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Muskingum ID # if applicable: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

If no cell phone, reliable phone for contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bachelor's Degree Institution: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Master of Occupational Therapy Program  
Alternative Pathway Application to the Master of  
Occupational Therapy Program

To begin the MOT application process, you will need to:

1. Work with Jennifer Baird to create your Alternative Pathway Prerequisite Coursework plan. **Please note:** by submitting this application it is assumed that you are executing a plan that will result in all prerequisite courses being completed prior to the start of MOT classes in the fall. If you are uncertain about this or have questions, please contact Jennifer Baird: [jbaird@muskingum.edu](mailto:jbaird@muskingum.edu) Office: 740-826-6151 or Cell/Text 740-630-8134.
2. Review and complete all steps of the *Alternative Pathway Application Criteria and Documentation Checklist*.
3. Create your Alternative Pathway MOT Application Portfolio accordingly to the following:
  - **Organize your portfolio in the order presented in the Checklist.**
  - Use a 3-prong folder (3-ring binders will not be accepted)
  - Use labeled dividers to separate each section.
  - Use page protectors to organize each item within the sections.
  - Your completed Alternative Pathway MOT Application Cover Page should be the first page of your Alternative Pathway MOT Application Portfolio.
  - Your completed Application Criteria and Documentation Checklist for Steps 1 & 2 should be included as the first item in the appropriate section.
  - Beside each requirement for application or professional engagement there is an indication of what documentation can be used as evidence that you have met the requirement or professional engagement item.
  - Prerequisite courses must be completed by the end of August prior to beginning the MOT curriculum. If you are offered a seat in the Alternative Pathway to the MOT program, your acceptance will be conditional dependent upon all outstanding items being completed by the above deadline.
4. Keep copies of anything you send as sometimes deliveries get delayed or lost. Your application portfolio will not be returned to you so having copies for your records may be helpful.

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As part of the Alternative Pathway MOT application process, applicants may be invited to participate in an oral (in-person or virtual) interview with the MOT program director or designees prior to a final decision about admission to the MOT program.

**The Alternative Pathway MOT program at Muskingum welcomes applications at any time, however, to be fully considered for acceptance into the Alternative Pathway, please complete and submit your application portfolio by the due date identified in the Apply area of the MOT webpage.**

If you have any questions, please contact Program Director Dr. Kimberly Lawler at [klawler@muskingum.edu](mailto:klawler@muskingum.edu) or 740-826-8466.

The Muskingum University MOT Program has a status of accreditation by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, located at 7501 Wisconsin Avenue, Suite 510E, Bethesda, MD 20814. ACOTE's phone is (301)-652-6611 and their website is [www.acoteonline.org](http://www.acoteonline.org).

Master of Occupational Therapy  
**Alternative Pathway Application Criteria and Documentation Checklist**

Your completed Application Criteria and Documentation Checklist for Steps 1 & 2 should be included as the first item in the appropriate section of your application portfolio. It allows you to verify that you have remembered to include everything and will be used as a review document by the admissions team.

Your completed application documents must be submitted by the due date identified on the MOT webpage under Apply to be considered for admission to the fall cohort. Mail application portfolio to:

Muskingum University  
Attn: MOT Program Director  
260 Stadium Drive, MH 100  
New Concord, Ohio 43762-1837

NOTE: Standard, 2-day, and overnight deliveries are accepted at this address.

**Step 1: Preliminary Qualifications**

You must first meet each of the following qualifications to be considered for admission to the MOT program. Therefore, no admission points are assigned to these criteria. **Listed in parentheses after each item are descriptors of supporting document(s) you must submit with your application. Failure to submit evidence will mean that your application is incomplete and will not be considered for admission to the MOT program.**

Initial each item as you complete and include in your Alternative Pathway MOT Application Portfolio.

1. I have or will have completed all prerequisite courses prior to the start of MOT classes. I understand that each prerequisite course must have been completed with a "C" or better grade. (Submit copy of transcripts from all institutions with prerequisite courses highlighted)
2. I have completed a bachelor's degree in a health-related field (Submit copy of transcripts cited above)
3. I have completed the required 6-module virtual observation experience to promote my understanding of occupational therapy and the diverse practice settings and populations addressed in the profession. (Submit completed Virtual Observation Reflection Form. Maximum of 2 pages, double-spaced.)
4. I have read and signed the Alternative Pathway to the MOT Program Applicant Attestation (Submit signed form)

**Step 1: Scored Qualifications:**

Initial each item as you complete and include in your Alternative Pathway MOT Application Portfolio.

- 1) A minimum GPA of 3.0 on a 4.0 scale.  
We will use the transcripts you submit to calculate your GPA using your GPA from your Bachelor's degree and averaging it with the GPA for all prerequisite courses, regardless of where they were taken. If prerequisite courses were part of courses within the bachelor's degree program, those courses will count in both calculations. Scoring: The average GPA will be multiplied by 25 and the total reported as the score for this item up to 100 points maximum.
- 2) A Written Interview.  
Please develop and submit typed responses to the five (5) questions presented per instructions on Written Interview Form, each worth a maximum of 20 points.
- 3) Two recommendation assessments.  
Each assessment will be worth a maximum of 100 points. *Your score will be the average of the two assessment scores.* The assessments must be completed by:
  - 1) Supervisor from the past 24 months (Employer or faculty member in health-related course if not working)
  - 2) A community professional (ex: volunteer leader, clergy member, coach, professional colleague).
  - 3) If you are reapplying to the Alternative Pathway for the MOT program, you must obtain new recommendation assessments.NOTE: Remember that the Recommendation Assessment forms must be mailed directly to the MOT Program Director by your reference. Refer to detailed instructions on Recommendation Assessment form.
- 4) Professional Resume and Summary representing your education and work experience. Speak to your job duties and how you have used your health-related degree on a regular basis. This item will be a maximum of 50 points. (Limit each document to a maximum of one page. Professional Summary should be double-spaced.)

**Step 2: Professional Engagement Qualifications: Applicant please initial items for which you are providing proof**

The following experiences demonstrate a higher level of engagement within the profession and community and may enhance the ability to be successful in the MOT program. You can earn a small number of points by documenting all your relevant experiences. While these items are NOT REQUIRED for admission to the MOT program, the additional points you may earn through this process will be included in the admission scoring.

I have completed in-person occupational therapy observation hours to advance my understanding of the profession and application in multiple practice settings. (Submit Observation Hours Log)

- 2 point for 5-10 observation hours
- 3 point for 11-20 observation hours
- 4 points for 21-30 observation hours
- .5 point for completing observation in 2 practice settings
- 1 point for completing observation in 3 or more practice settings

I have worked using my health-related degree within the most recent 36 months (Employer verification including Ya d'cmf' bUa Yznci f' bUa Yzdcg]hcb hñYzXUHg' cZYa d'cna Ybh' [ ~ Á•^Á æ Á ç à•Á !Á ^!• [ } ^|Á^&| à•Á Á ç^!ã Á@ ~!•Á [ !\^áÁ |æ^Á|æÁ Á~ dÁÁ { à^!Á æ áÁ [ ~ } dÁ Á æ É

- .5 point for working in position requiring interaction with the public (not using health-related degree)
- 1 point for up to 2 years working part or full-time using health-related degree
- 1.5 point for 2-4 years working part or full-time using health-related degree
- 2 points for more than 4 years working part or full-time using health-related degree

I serve/have served in an **organizational leadership role** during the past 36 months (Submit signed official documentation of appointment or election, official documents that show work done while in the role, or a letter on agency letterhead and signed by an agency representative that outlines your leadership role and accomplishments.)

- 1point for a leadership role within the company for which you work
- 1 point for a leadership role within your educational experience
- 1.5 point for a leadership role in an agency or organization outside of the company for which you work

I have volunteered service to a community in a non-leader role during the past 36 months. (Submit documentation from community organization signed by an agency representative indicating the time frame and number of hours you volunteered for their agency)

- 1 point for 10-30 hours
- 2 points for 31-60 hours
- 3 points for over 61-90 hours
- 4 points for over 90 hours

I have been a member of a professional association prior to application  
(Submit documentation with your name and years of membership in each  
association)

- .5 point for state association membership up to 2 years
- .5 point for American Occupational Therapy Association (AOTA) membership up to 2 years
- .5 point for a health-related professional membership 6 months-2 years
- 1 points for a health-related professional membership for more than 2 years

**Step 3: *Oral Interview* (either in person or virtual)**

Candidates may be asked to participate in an oral interview. Oral interviews will be conducted at the discretion of the MOT program director by invitation only. Should such an interview be required, you will be notified by the MOT program director.

Interviews will be conducted by ad hoc committees assembled at the invitation of the MOT program director.

Additional details about the oral interview process will be provided if you are invited to participate in such an interview.

**Master of Occupational Therapy**  
**APPLICATION FOR ADMISSION TO ALTERNATIVE PATHWAY**

Muskingum University  
 Graduate & Continuing Studies  
 260 Stadium Dr., New Concord, OH 43762-1837  
 PH: 740-826-8038 • FAX: 740-826-6038  
 www.muskingum.edu • gcs@muskingum.edu

**▼ ABOUT YOU**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

How would you describe yourself? *(Please check all that apply, if multi-racial, provide percentage for each category checked.)*

<i>Gender</i>	<i>Ethnicity</i>	<i>Race</i>		
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American or Alaskan Native _____ %	<input type="checkbox"/> Asian _____ %	
<input type="checkbox"/> Male	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Black or African-American _____ %	<input type="checkbox"/> White _____ %	
		<input type="checkbox"/> Hawaiian or Pacific Islander _____ %		

**▼ BACHELOR'S DEGREE TRANSCRIPT INFORMATION *(Please list college/university)***

<u>Name of College/University</u>	<u>City and State</u>	<u>Degree Earned</u>	<u>Date Earned</u>	<u>GPA</u>
_____	_____	_____	_____	_____

**▼ OTHER COLLEGE/UNIVERSITY TRANSCRIPT INFORMATION *(Please list colleges or universities you've attended)***

<u>Name of College/University</u>	<u>City and State</u>	<u>Degree Earned</u>	<u>Date Earned</u>	<u>GPA</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(Please complete the reverse side of this form)*

▼ HAVE YOU SUBMITTED/COMPLETED THE FOLLOWING REQUIRED APPLICATION MATERIALS?

- Official transcripts from all previous colleges and/or universities
- All Preliminary Qualifications
- All Scored Qualifications
- All Professional Engagement Qualifications relevant to your experience

Would you like information about financial aid?  Yes  No  Don't Know

How did you become interested in Muskingum University Graduate and Continuing Studies?

- Referred by friend
- Website
- Google Search
- Social Media
- OT Conference
- Other: \_\_\_\_\_

Choose  Ohio First

Are you interested in the Choose Ohio First Scholarship in a STEM program?  
\*Applicants must be an Ohio resident

Yes  No



Are you a veteran?

Yes  No

I certify that the information provided on this application is complete and correct to the best of my knowledge. I understand that I am responsible for arranging for the forwarding of official transcripts from schools I have attended, and that such transcripts become the property of Muskingum University and will not be returned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Availability of Student Records:** Muskingum University abides by the Family Educational Rights and Privacy Act of 1974 as amended. All students have access to their education records on file with the College and have the right to challenge records they feel are inaccurate. Further information is available from the Registrar's Office.

**Sources of Consumer Information:** Graduate academic programs and policies (including costs, fees, refunds, financial aid and accreditation) are described in the Graduate Catalog. Additional information about graduate programs is available from the Office of Graduate and Continuing Studies, and from program directors. Muskingum University, as an educational institution, does not discriminate on the basis of race, color, religion, sex, national or ethnic origin, handicap, physical challenge, disability, sexual orientation, socio-economic status and political affiliation.

**Muskingum University Annual Crime Statistics Disclosure:** This report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Muskingum University; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting Campus Police or by accessing the following website: <http://www.ope.ed.gov/security/index.aspx>.

Questions? Call 740-826-8038.



# MUSKINGUM UNIVERSITY

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## GRADUATE & CONTINUING STUDIES Alternative Pathway Master of Occupational Therapy Program Virtual Observation Experience

To meet the Muskingum Alternative Pathway Application requirement and to promote your understanding of occupational therapy and the diverse practice settings and populations addressed in the profession, you must complete the 6-module virtual online experience created by Cheryl Lucas titled:

### **Welcome to the Occupational Therapy Online Shadowing Experience**

[https://rise.articulate.com/share/oqbmWqPTs5TB36aI5R7DUMblwykJiY\\_Y](https://rise.articulate.com/share/oqbmWqPTs5TB36aI5R7DUMblwykJiY_Y)

Password: LucasQU

This course was created as an alternative way to obtain observation hours and was used during the pandemic when it was more challenging for applicants to go into clinical settings. What Muskingum requires from your experience in the course has been modified from what you will see in the 6 modules.

### **What are you required to do?**

1. In each module you are required to watch all videos and/or movies that are referred to as well as complete all readings.
2. Submit your completed Virtual Observation Reflection (APA Format, 2 page limit)
  - a. In your own words how would you explain to another individual what occupational therapy does?
  - b. Write a reflection clearly identifying each of the 6 modules regarding what you learned.
3. Complete the survey at the end of the Online Shadowing Experience course.

**NOTE:** Within the 6 modules, you are NOT required to complete the Documentation of Online Shadowing Experience that you will find embedded in the Welcome Module. You do not need to complete any of the assignments that are embedded within the modules. For your learning and personal growth, you are encouraged to take a moment and think about what your answers might be.

### **Module Link Substitutions**

Note: Some of the links in the Online Shadowing Experience are broken due to updates to the American Occupational Therapy Association's website. The links below were chosen by the Muskingum University MOT Program to provide you with equivalent information and were not part of the original training.

### **Module 1: What is Occupational Therapy**

PowerPoint, we are aware the link on the second slide is broken. However, this is the same video you watched on the first page of the module titled: “*What Can Occupational Therapy Do for You?*” Nothing more you need to do for that link.

### **Module 2: OT Role with Children**

PowerPoint, third slide: Review Videos: “*Importance of Play*” \*\*The link is broken, and is being substituted with the following video created by AOTA, Titled *Make Play an Important Part of Your Family’s Day: Occupational Therapy Can Help*

<https://www.youtube.com/watch?v=V-FwybpoI0w>

### **Module 3: Occupational Therapy with Adults**

PowerPoint, second slide, the first link for, *Aging in Place Falls Prevention for Elderly with Video* is broken. \*\*Please view the following:

*Preventing Falls at Home* <https://www.youtube.com/watch?v=jhocLIXv3IE>

**Modules 4-6:** No link substitutions

#### References:

American Occupational Therapy Association. (2018, May 18). *Make play an important part of your family’s day: Occupational therapy can help*. YouTube.

<https://www.youtube.com/watch?v=V-FwybpoI0w>

American Occupational Therapy Association. (2017, September 14). *Preventing Falls at Home*.

YouTube. <https://www.youtube.com/watch?v=jhocLIXv3IE>

Lucas, C. (2020, November 2). *Welcome to the occupational therapy online shadowing experience*. Academic Education CommunOT. <https://communot/aota.org>

## MOT Program Applicant Attestation

Please initial each item to indicate your understanding and agreement with the requirements:

\_\_\_ I understand that successful participation in the MOT program includes meeting technology requirements such as:

- Consistent and reliable access to the internet daily to complete assignments, collaborative learning experiences, and otherwise support distance education.
- Consistent access to Muskingum University email daily
- Access to the Muskingum University Learning Management System (LMS) daily
- Use of Microsoft 365 provided by Muskingum University

\_\_\_ I understand successful participation and completion of the MOT program requires 18 on-campus weekends that require me to travel to New Concord, Ohio.

\_\_\_ I understand that Level II Fieldwork is a collaborative process with the Academic Fieldwork Coordinator. I understand that I may not be placed in the location or practice setting of my choosing and that it may be necessary for me to travel 90 miles or more from my home location for fieldwork.

\_\_\_ I understand that I must become and/or maintain an AOTA student membership throughout the Alternative Pathway prerequisite courses and MOT Program.

Please print your name, add your signature, and date to finalize your MOT Program Applicant Attestation:

Student Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Master of Occupational Therapy Program  
**Alternative Pathway Written Interview**

**INSTRUCTIONS:**

Please answer the following questions by submitting carefully composed responses that are thorough, accurate, thoughtful, use professional terminology, and follow rules of professional writing.

Please be sure to do the following:

- Include the question you are answering with each response
- Limit each reply to no more than 250 words (If word limits are exceeded, point deductions will apply)

**QUESTIONS:**

- 1) What personal strengths will you contribute to the MOT program and fellow students, should you be accepted?
- 2) Explain the differences between the role(s) of the OT and OTA? How are they different yet interrelated?
- 3) Think about a typical interaction you have with patients/consumers. What are the ways in which you will use your interpersonal skills to develop therapeutic relationships with your patients/consumers and professional relationships with colleagues?
- 4) Explain how your bachelor's degree in a health-related field and your prior work experience led you to develop a passion for occupational therapy. How will earning your MOT degree help you achieve your professional goals?
- 5) Being a student in an accelerated graduate program may require a shift in your work-life balance. Identify challenges you anticipate and explain how you plan to overcome them during the two-year MOT program.

Alternative Pathway to the Master of Occupational Therapy Program  
Recommendation Assessment Instructions and Form

The student named below is applying for admission to the Alternative Pathway to the Master of Occupational Therapy Program at Muskingum University. Students applying to this program are required to have recommendation assessments from 1) their work/education supervisor, and 2) a community professional. This student has requested that you act as his/her professional reference. Please complete Section II of this form as thoroughly as possible and return Sections I & II of the form to the Occupational Therapy Program at the address provided. Seal the form in the envelope and sign the flap of the envelope across the seal. Mail the document to: Muskingum University, Attn: MOT Program Director, 260 Stadium Drive, MH 100, New Concord, Ohio 43762-1837

The purpose of this reference form is to gain information on skills and abilities desirable for students planning a career in occupational therapy at the professional level. Information from this reference will be one of several factors used in determining the student's qualifications for the Master of Occupational Therapy Program.

**SECTION I. APPLICANT TO COMPLETE THIS SECTION AND FORWARD WITH RECOMMENDATION ASSESSMENT FORM TO REFERENCE**

Potential Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_ do \_\_\_\_ do not waive my rights to review this reference form at some future time

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting that the following person complete a recommendation assessment on my behalf:

Reference Name (Please print): \_\_\_\_\_

Title: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION II: Recommendation Assessment Form

**Professional Reference Completes:** Please circle a rating for each item below. Do not leave any items blank/unrated. Not Applicable (N/A) or don't know do not count against the applicant. Provide an explanation (on next page) regarding any items rated as 1 or 5. If you use the "N/A or don't know" rating, explain why the item is not applicable to the applicant or facility. Return directly to MOT Program Director per instructions on first page.

**Scoring Guide:**

5= a minimum of 95% of the time      3 = a minimum of 80% of the time      1 = less than 75% of the time  
 4= at least 90% of the time      2 = at least 75 % of the time

<b>Applicant's Name:</b> _____						
<b>Professional Behaviors – Does the applicant:</b>						
<b>Positive Attitude and Flexibility</b>						
Fosters helpful communication	5	4	3	2	1	N/A or don't know
Ability to adapt to change	5	4	3	2	1	N/A or don't know
Managing stressors	5	4	3	2	1	N/A or don't know
Pleasant demeanor	5	4	3	2	1	N/A or don't know
<b>Professional Communication Skills</b>						
Uses proper grammar	5	4	3	2	1	N/A or don't know
Monitors and appropriately uses nonverbal communication	5	4	3	2	1	N/A or don't know
Handles conflict constructively	5	4	3	2	1	N/A or don't know
Uses assertive communication when necessary	5	4	3	2	1	N/A or don't know
<b>Teamwork</b>						
Knows and tries to achieve team goals	5	4	3	2	1	N/A or don't know
Anticipates the needs of others	5	4	3	2	1	N/A or don't know
Works well in groups	5	4	3	2	1	N/A or don't know
Shares or pools resources	5	4	3	2	1	N/A or don't know
Keeps others informed	5	4	3	2	1	N/A or don't know
Respects diversity	5	4	3	2	1	N/A or don't know
<b>Personal Responsibility</b>						
Seeks out learning opportunities	5	4	3	2	1	N/A or don't know
Is aware of strengths and weaknesses	5	4	3	2	1	N/A or don't know
Volunteers for additional responsibilities	5	4	3	2	1	N/A or don't know
Is punctual	5	4	3	2	1	N/A or don't know
Demonstrates initiative	5	4	3	2	1	N/A or don't know
Asks questions when in doubt	5	4	3	2	1	N/A or don't know
Modifies performance after feedback	5	4	3	2	1	N/A or don't know
Has good attendance	5	4	3	2	1	N/A or don't know
<b>Organization skills</b>						
Maintains neat and orderly workspace	5	4	3	2	1	N/A or don't know
Is timely	5	4	3	2	1	N/A or don't know
Organizes assignments and duties	5	4	3	2	1	N/A or don't know

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Explanations/Comments:**

<b>Positive Attitude and Flexibility</b>	
Fosters helpful communication	
Ability to adapt to change	
Managing stressors	
Pleasant demeanor	
<b>Professional Communication Skills</b>	
Uses proper grammar	
Monitors and appropriately uses nonverbal communication	
Handles conflict constructively	
Uses assertive communication when necessary	
<b>Teamwork</b>	
Knows and tries to achieve team goals	
Anticipates the needs of others	
Works well in groups	
Shares or pools resources	
Keeps others informed	
Respects diversity	
<b>Personal Responsibility</b>	
Seeks out learning opportunities	
Is aware of strengths and weaknesses	
Volunteers for additional responsibilities	
Is punctual	
Demonstrates initiative	
Asks questions when in doubt	
Modifies performance after feedback	
Has good attendance	
<b>Organization skills</b>	
Maintains neat and orderly workspace	
Is timely	
Organizes assignments and duties	

# MUSKINGUM UNIVERSITY

GRADUATE & CONTINUING STUDIES

## Alternative Pathway Master of Occupational Therapy Program Observation Hours Log (In-Person)

**\*Please use one form for each facility.**

Applicant Name	
Name of Facility	
Facility Address	
OT Practitioner (OT/OTA) Name & Credentials	
Email Address & Phone Number	

Type of Clinical Setting: (Please check all that apply) **Applicants are encouraged to complete in-person observation hours to promote their understanding of occupational therapy and the diverse practice settings and populations addressed in the profession.**

- |  |  |
|--|--|
| <input type="checkbox"/> Skilled Nursing       | <input type="checkbox"/> Mental/Behavioral Health  |
| <input type="checkbox"/> Hospital              | <input type="checkbox"/> Outpatient                |
| <input type="checkbox"/> Home/Community Health | <input type="checkbox"/> Intellectual Disabilities |
| <input type="checkbox"/> School System         | <input type="checkbox"/> Inpatient Rehabilitation  |

Date	Time In	Time Out	Hours	Population or Ages Seen	Primary Diagnosis(es)

**TOTAL HOURS AT THIS SETTING** \_\_\_\_\_

Signature of OT Practitioner \_\_\_\_\_ Date \_\_\_\_\_

License Number \_\_\_\_\_

State of License \_\_\_\_\_