



James Madison University Occupational Therapy Program

Exposure to Occupational Therapy Verification Form

Document time spent working or shadowing occupational therapy practitioners. JMU requires a minimum of 20 hours within the past seven years.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of OT Practice Setting: check all that apply for practice setting above

<i>Population</i>
<input type="checkbox"/> Infant/Toddlers
<input type="checkbox"/> Preschool
<input type="checkbox"/> School Age
<input type="checkbox"/> Teens
<input type="checkbox"/> Young Adults
<input type="checkbox"/> Middle Aged Adults
<input type="checkbox"/> Older Adults

<i>Practice Setting</i>	
<input type="checkbox"/> School	<input type="checkbox"/> Home Health
<input type="checkbox"/> After School	<input type="checkbox"/> Outpatient
<input type="checkbox"/> Camp	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Mental Health Facility
<input type="checkbox"/> Hospital	<input type="checkbox"/> Specialized Clinic
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Community Program
<input type="checkbox"/> Other: _____	

Dates of Observation or Employment: \_\_\_\_\_

Total number of hours observing and/or working onsite under the guidance of the occupational therapist listed below. \_\_\_\_\_

Duties/Responsibilities: Observation

Other \_\_\_\_\_

Name & credentials of occupational therapy practitioner \_\_\_\_\_

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

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