

**FLORIDA STATE COLLEGE  
OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

**CLINICAL EXPERIENCE VERIFICATION FORM**

**Criteria:** Prospective students must complete a minimum of **five** hours of observation and/or volunteer service with a licensed occupational therapist and/or an occupational therapy assistant.

**Directions:** A *Clinical Experience Verification Form* is to be included in your application. Please refer to the application process for additional information.

**STUDENT INFORMATION** (to be completed by student):

**Name (print):** \_\_\_\_\_

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

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

**FACILITY INFORMATION** (to be completed by student):

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

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

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

**VERIFICATION BY THERAPIST** (to be completed by an OT or OTA):

**Observation/Volunteer Date:** \_\_\_\_\_

**Time of Observation:** \_\_\_\_\_ to \_\_\_\_\_

**OT/OTA Name (print):** \_\_\_\_\_

**OT/OTA Signature:** \_\_\_\_\_

**OT/OTA License #:** \_\_\_\_\_

**OT/OTA Contact #:** \_\_\_\_\_

**OT/OTA Comments (optional):** \_\_\_\_\_

**Thank you for your support!**

## Reflection Essay

Following your volunteer and/or observation, please reflect and comment on your experience and your emerging understanding of occupational therapy.

You are to type up a short one-page reflection essay on your experience. **Do not** put your name on the paper. Include the paper in your application along with this form. You may use the following criteria to guide you in your reflection statement. Please sign the verification statement below.

**Name and type of facility** (Ex: skilled nursing facility)

**Date and hours of observation and/or volunteer hours:**

**Name of therapist:** (may also include title and responsibilities)

**Context/Environment:** (Ex: what did the facility “look like”?; What did you observe in the environment that “caught your attention”?)

**Clients and intervention:** (Ex: what did you observe: age, gender, challenges, etc? What did you observe client(s) “doing” during treatment session(s)?)

**Overall experience:** (how did you feel during the volunteer/observation process – nervous?, excited?, confident?. Did you gain a deeper understanding of occupational therapy and the role of the therapist?)

**By signing below, I confirm that I have completed the criteria requested of the *Clinical Experience Verification Form* including the required observation and/or volunteer hours and independent completion of the reflection page.**

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_