



SCHOOL OF INTEGRATED HEALTH SCIENCES

Occupational Therapy
Doctorate Program

OBSERVATION / VOLUNTEER HOUR VERIFICATION FORM

Entry-Level Occupational Therapy Doctorate (OTD) Program

This form is to be completed by the applicant and verified by the licensed healthcare practitioner directly supervising. Complete one form per site and refer to the observation hour requirements attached.

APPLICANT INFORMATION

NAME:

PHONE NUMBER:

EMAIL:

SIGNATURE:

DATE COMPLETED:

SUPERVISOR INFORMATION

NAME & CREDENTIALS:

JOB TITLE:

FACILITY NAME:

FACILITY ADDRESS:

DIRECT CONTACT EMAIL:

DIRECT CONTACT PHONE NUMBER:

SIGNATURE:

DATE COMPLETED:

OBSERVATION / VOLUNTEER HOURS

Observation Dates:

Total Number of Observation Hours:

Volunteer Dates:

Total Number of Volunteer Hours:



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Type of Practice Setting (Check all that apply):	Types of Interventions Observed (Check all that apply):
<input type="checkbox"/> Adults	<input type="checkbox"/> Activities of Daily Livings (ADLs)
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Activities of Instrumental Daily Living (IADLs)
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Developmental Activities
<input type="checkbox"/> Inpatient Rehab	<input type="checkbox"/> Environmental Modification
<input type="checkbox"/> Acute Care Hospital	<input type="checkbox"/> Feeding / Swallowing
<input type="checkbox"/> Community Program	<input type="checkbox"/> Health Promotion
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Home Health	<input type="checkbox"/> Modalities
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Sensory Integration
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Splinting
<input type="checkbox"/> Rehabilitation Hospital	<input type="checkbox"/> Client/Caregiver Education
<input type="checkbox"/> School System	<input type="checkbox"/> Strengthening / Exercise
<input type="checkbox"/> Sensory Integration Clinic	<input type="checkbox"/> Driving
<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Other:	<input type="checkbox"/> Neuro
	<input type="checkbox"/> Other:

List Type of Clients Observed (Include typical ages and common diagnoses):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Observation / Volunteer Hour Requirements

To further your exposure to and experience with Occupational Therapy, applicants must complete **AT LEAST ONE** of the following options:

1. Complete **HSC 103: Introduction to Occupational Therapy** with a grade of “C” or better, by the start of the OTD Program.
 - Mode: Online
 - Credits: 3
 - Course offered: Summer Session Term II, Fall, and Spring semesters
 - Refer to the [UNLV undergraduate course catalog](#) for more information.
 - Refer to the [UNLV website](#) for enrollment information.
2. A minimum of 40 hours observing occupational therapy with a licensed occupational therapist or a certified occupational therapy assistant*
3. A minimum of 20 hours observing occupational therapy with a licensed occupational therapist / certified occupational therapy assistant AND a minimum of 20 hours of volunteer work with a licensed healthcare practitioner*

*Hours must be:

- unpaid and separate from work duties.
- directly supervised by a licensed healthcare practitioner.
- completed and documented on the verification form provided on the [UNLV OTD program website](#).
- uploaded by September 15th for priority admission applications or February 1st for final admission applications.
- Applicants are responsible for securing placements in accordance with site-specific policies and adhering to professional codes of conduct.

Contact the OTD Program at otd.admissions@unlv.edu for questions.