Lackawanna College Occupational Therapy Assistant (OTA) Program Clinical Observation Requirement for Admission

Please use this form to record your clinical observation hours.

Name of Applicant

Applicant's Email Address

- 1. Applicants are required to complete a total of twenty (20) observation hours in two or more sites offering occupational therapy services to differing populations (pediatrics, mental health, physical disabilities). A total of twenty (20) combined observation hours is required for admission to the OTA program.
- 2. Observation hours must be completed within one (1) year to date of the Program Director receiving ALL application materials. (EXAMPLE: If Program Director receives ALL application materials on August 2, 2020, observation hours MUST have occurred from August 2, 2019 to August 2, 2020.)
- 3. A separate Clinical Observation Requirement form is required for each site where observation of occupational therapy services occurred.

Applicant's Phone Number Facility Name Facility / Department Phone Number Name of Supervisor				
Supervisor's Position				
Please check the type of occupational clarify terms):	therapy ser	vices provided during this c	bservation (consult with supervisor to	
Adult physical rehabilitation	Adult mental health/recovery Geriatric care in skilled nursing faci			
Adult Acute Care	Pediati	Pediatric (school-based) Pediatric inpatient care		
Pediatric outpatient care	Other			
n general terms, objectively describe	what types	of activities you observed y	our supervisor/clients engaging in?	



PLEASE PRINT THIS PAGE TO RECORD YOUR OBSERVATION HOURS ON THE CHART BELOW.

Completed observation forms may be scanned or photographed and submitted to OTAadmissions@lackawanna.edu.

Please retain copies of your completed forms in the event that they cannot be read and must be resubmitted.

Paper copies may be mailed to:

Lackawanna College OTA Program c/o Admissions Department 501 Vine Street Scranton, PA 18509

You may print as many copies of this page as needed to account for your total observation hours at this site.

Date of

Number of

Signature of supervisor verifying the number of

Observation	Hours Observed	hours recorded by the applicant	
>>>>>>>>>>THIS SECTION MAY ONLY BE COMPLETED BY A SUPERVISING OT PRACTITIONER.			
Applicant Completing (Observation:		
Total Number of Hours	Observed at this Site	Date	
iotai Number of Hours	observed at this site.	Date	
Supervisor Signature (verifying total number of hours)			

