



OBSERVATION HOURS VERIFICATION FORM

The Observation Hours Verification Form must be completed by a licensed Occupational Therapist (OTR/L) or Occupational Therapy Assistant (COTA/L). Forms completed by anyone other than on OTR/L or COTA/L will not be evaluated. A total of at least 25 observation hours in a minimum of three different settings are required for application to the OTA Program. Many observation sites require that you have proof of CPR and TB test results. Appropriate attire for observation hours is business casual (i.e. slacks or trousers with blouse, shirt, or sweater). All clothing should be comfortable and allow for movement while treating clients. Avoid tight-fitting clothing and high heels; leggings, knit pants, jeans (blue or colored), and dangling earrings. Shoes should be comfortable, rubber soled, closed-toe and worn with socks. Long hair should be worn up, away from the face.

Applicant shall provide each site with the following:

- This Observation Hours Verification Form with the top section completed and signed by the applicant.
- A stamped envelope addressed to Cabarrus College of Health Sciences, c/o Admissions, 401 Medical Park Drive, Concord, NC 28025

GENERAL INFORMATION (Please print in ink)

Name of Applicant: _____ Facility Name: _____

Dates of Experience at Facility: _____ Number of hours spent in the Occupational Therapy Department: _____

APPLICANTS: Please sign the waiver below prior to giving this form to the supervising therapist.

I waive the right to review this completed form in order to afford an unbiased evaluation by the supervising therapist.

Applicant Signature: _____ Date: _____

To the supervising OTR/OTA, please rate the applicant on the following characteristics and return the form to the College in the stamped, addressed envelope provided by the applicant.

CHARACTERISTIC	Exceptional	Excellent	Good	Below Average	Unable to Rate
Effectively communicates					
Maturity, judgement, common sense					
Professional demeanor					
Interest in the field of OT					
Punctuality					
Motivation for proposed program of study					
Ability to relate to clients					

*What qualities did you observe that would make the applicant a great OTA?

*Please indicate your overall level of endorsement for admission of the candidate by checking one of the categories below:

☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

Printed Name of Evaluator _____ State & License Number _____

Evaluator Signature _____ Date _____

COMMENTS: _____

OBSERVATION HOURS WILL NOT BE ACCEPTED IF MORE THAN TWO YEARS OLD.

Supervising OTR/L or OTA/L, please mail to:

Cabarrus College of Health Science, Office of Admissions, 401 Medical Park Drive, Concord, NC 28025

admissions@cabarruscollege.edu

704-403-1555 or 1556 Fax 704-403-2077