

**KENT STATE UNIVERSITY AT EAST LIVERPOOL
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
VOLUNTEER HOURS VERIFICATION FORM**

This form is to be completed by a licensed Occupational Therapist, or Occupational Therapy Assistant. Forms completed by anyone other than an OT or OTA will not be accepted. Volunteer experiences cannot be evaluated by a relative or personal friend. Please present this form to your supervising therapist with a stamped envelope addressed to the OTA Program. The total number of required hours is 40, divided between two different sites and two different therapists, 20 hours each. Please complete the next section **completely**.

I. APPLICANT:

A. Applicant's Name _____

B. Dates of experience _____ to _____ Hours completed _____

Is applicant employed at this facility within the Occupational Therapy Department? Yes _____ No _____

C. Facility Name & Address _____

Facility Phone Number: _____

II. OCCUPATIONAL THERAPY PRACTITIONER:

Please rate the applicant on the following behavioral characteristics:

Characteristics	Above Average	Average	Below Average
a. Professional behaviors (dress, punctuality, etc.)			
b. Communication & interaction skills			
c. Ask relevant questions			
d. Ability to relate to clients			
e. Organization & preparation for observation (scheduling, understanding facility population)			

Printed Name of Evaluator: _____

Signature _____ State & License No. _____ Date _____

Applicant: Please sign the following waiver prior to giving this form to the supervising therapist

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

Signed: _____

PLEASE NOTE: VOLUNTEER HOURS WILL NOT BE ACCEPTED IF MORE THAN TWO YEARS OLD.

PLEASE MAIL TO: Occupational Therapy Assistant Program
Kent State University
East Liverpool Campus
400 East Fourth St.
East Liverpool, OH 43920

