

Occupational Therapy Assistant Program

I. Procedures for Observation Hours

1. Observation hours are required to help you gain insight into the profession of occupational therapy, and to ensure that this career meets your expectations and needs.
2. You need to complete 12 hours of observation under the supervision of an occupational therapist or a certified occupational therapist assistant. You may complete these hours in the same site or distribute them between 2 or more sites.
3. A separate “Checklist for OT Observation Hours Form” needs to be completed for each clinical site.

II. Where to go for observation hours?

1. You may complete observation hours in any facility offering occupational therapy services. The following sample of places offering OT services are found in the phonebook under the categories of:
 - a) Occupational Therapy/Therapists
 - b) Hospitals
 - c) Nursing Homes
 - d) Rehab Centers
 - e) Schools System
 - f) Orthopedic Clinics
 - g) Sports Clinics
 - h) Mental Health Clinics
 - i) Pediatric clinics
2. Call the site and set up an appointment to meet with the therapist, to ensure feasibility of observation at that particular facility.
3. Find out what your duties will be, and your supervisor’s expectations.
4. Remember to adhere to the facility’s policies and procedures.

5. You need to comply with the facility rules and regulations concerning dress code, behavior, and confidentiality.
6. Please, keep your appointments/schedules as planned by your supervisor. Also, make sure to notify your supervisor 24 hours in advance, if there is a need to cancel or reschedule your itinerary

III. How to Complete the Form

1. You need to discuss the content of this form during the first meeting with the Occupational Therapy practitioner that you are observing to ensure exposure to appropriate experiences.
2. You are responsible for checking off the task's items after completion.
3. You are responsible for answering each question fully, in 150 words or less. Answers need to be typed.
4. Ensure that all 'Observation forms' contain dated signatures by you, the applicant and the Occupational Therapy practitioner.
5. Forms will be disqualified if they are not filled out completely, or are missing the answers to the questions, or contain information that might be construed as fraudulent.
6. The content of this form is subject to verification.

Checklist for Occupational Therapy Observation Hours

This form was designed to guide the students towards meaningful experiences while observing in the Occupational Therapy Department. It will remain **active** for a maximum of **three** years from the date of receipt, after which you will have to redo the observation hours and submit a new completed form.

Applicant's Name: _____ Name and address of Facility: _____ _____ Facility's Phone Number: _____ Observation Dates: _____ Type of Setting: _____ Total Number of Hours Completed: _____ OTR/COTA Name: _____ OTR/COTA signature: _____ License #: _____

After completion of the observation hours in the OT department, the student will be able to:

Tasks	Check
1. Explain what occupational therapy is.	
2. Describe the role of the OTR.	
3. Describe the role of the COTA.	

<p>4. Identify at least 4 differences in role delineation between an OTR and COTA:</p>	
<p>5. Identify at least 4 characteristics needed to be an effective OTR/COTA</p>	
<p>6. Identify at least 4 specialties within OT practice:</p>	
<p>7. Identify population and diagnosis served by OT:</p>	
<p>8. Identify at least 4 settings of practice:</p>	
<p>9. Explain how billing and insurance coverage affects OT practice</p>	
<p>10. Identify specific activities and equipment used by OT</p>	

<p>11. Identify other professionals working with OT and describe the differences/similarities from/with OT.</p>	
<p>12. Explain the role of the OTR/COTA within the interdisciplinary team.</p>	
<p>13. Explain the difference between Occupational Therapy, Physical Therapy, and Speech Therapy.</p>	
<p>14. Explain the payment sources for OT services.</p>	
<p>15. Identify referral sources for OT.</p>	

Student's Signature

Date