

Name: _____ JSCC ID or SSN# _____

Directions: Application to the JSCC OTA Program requires documentation of 8 hours of observation time. Students are advised to make copies of this observation verification form as necessary to document all observations. The 8 hour observation requirements should have been completed within the one year prior to the program's application deadline of May 31st and are not reusable on subsequent applications. Students should obtain a copy of this form to attach to their application.

Professional attire required for observation: Shirt with collar (polo or golf shirt), pants (no jeans or shorts), no sandals or cloth tennis shoes. Other requirements may be specified by the facility.

**VERIFICATION OF OBSERVATION
OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

Check one: _____ **Observation experience** **OR** _____ **Work experience**

This is to certify that _____ (Name) observed/
worked (please circle one) _____ hours in this facility in fulfillment of requirements for the
Occupational Therapy Assistant Program at Jackson State Community College.

OT or OTA* Name (Please print)

OT or OTA* Signature

***Must be a licensed OT or OTA**

Date

Position License Number

Clinician Comments: (Please include the date(s) of the experience.)