

OCCUPATIONAL THERAPY SERVICE VERIFICATION  
THE UNIVERSITY OF TENNESSEE  
HEALTH SCIENCE CENTER  
930 MADISON AVENUE, SUITE 621  
MEMPHIS, TENNESSEE 38163

VERIFICATION OF VOLUNTEER AND/OR PAID SERVICE

**NOTE:** Due to the COVID-19 pandemic, the UTHSC Occupational Therapy Program is suspending the observation hours admissions requirement. As an alternative to traditional shadowing hours, we are requiring our applicants to complete an online occupational therapy shadowing experience course. The link and password for the online OT shadowing course will be available on OTCAS when you are completing your application.

If you have already completed observation hours, but you have not completed a minimum of 40 observation hours in at least two settings, you will also need to complete the online shadowing course.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

The above named applicant is being considered for acceptance into the Occupational Therapy Program at the University of Tennessee Health Science Center. Please share the following information.

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ If so, how many years of experience? \_\_\_\_\_

Please check one of the following descriptions of the applicant's service in your center:

\_\_\_\_\_ Worked as COTA or PTA

\_\_\_\_\_ Worked as a rehabilitation technician

\_\_\_\_\_ Observed or volunteered in your service

\_\_\_\_\_ 1-30 \_\_\_\_\_ 31-50 \_\_\_\_\_ 51-80

Approximate number of volunteer/observation hours:

\_\_\_\_\_ 81-100 \_\_\_\_\_ 100 – 125 \_\_\_\_\_ 125+

Name of Facility:

Is your facility:

- an OT Department? \_\_\_\_\_
- a PT Department? \_\_\_\_\_
- other health services? (which?) \_\_\_\_\_
- non health service? (name) \_\_\_\_\_

Please critically evaluate the quality of the applicant's work experience.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Thank you for your assistance. Please include this form with your OTCAS application.