## Slippery Rock University Occupational Therapy Observation Hours Log Sheet

Applica	nt First and	Last Name:	OTCAS ID #:				
OTA) are	e required for	lmission to the SRU OTD Program, a n admission to the OT program. You m sted is required for verification of obs	ay choose to use this to	able to track your ho	urs. While use of this f	orm is not required,	
Experience date	Total observation hours on given date	Occupational therapy practitioner's name & job title	OT/OTA state license number	OT/OTA email address	Facility setting & location	Brief description of activity observed	
Total ho	urs:						
Applican	t's signature:		Date:				
Occupational therapy practitioner's signature & credentials:					Date:		