



Master of Science in Occupational Therapy Documentation of Clinical Hours Form

TO BE COMPLETED BY APPLICANT

Instructions: Complete this section prior to giving form and university-addressed envelope to each OT facility in which you were employed or volunteered. All clinical hours must be documented on this form and this completed form must be part of your application packet.

Applicant's Name: (please print)		
SSN:		
Street Address:		
City:	State:	Zip Code:
Day-time Phone: ()	Home Phone: ()	

Name of OT Facility:		
Check the appropriate selection:	() Volunteer experience	() Employee experience

Applicant's Signature:	Today's Date:
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TO BE COMPLETED BY RATER

Instructions: Thank you for completing this form. Please mail completed form directly to Shenandoah University, Office of Graduate Admissions, 1460 University Drive, Winchester, VA 22601.

I _____ (print name) certify that this applicant has completed a total of _____ hours within the occupational therapy department at the above named facility.

Signature:	Today's Date:
Position:	Day-time Phone Number: ()