

## Documentation of Experience Form

**To the Applicant:** Complete items 1- 5 below before giving this form to the occupational therapy practitioner (OTP) who will be providing your documentation of experience. The OTP who is completing this form should email it directly to [OTNO@lsuhsc.edu](mailto:OTNO@lsuhsc.edu). They should not give it back to you.

1. Name of applicant: \_\_\_\_\_
2. Name of OTP providing documentation: \_\_\_\_\_
3. Name of Facility: \_\_\_\_\_
4. Dates you spent at the above facility: \_\_\_\_\_
5. Total number of hours: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Applicant, do not write below this line.** To be completed by only one therapist. Make additional copies of this form if needed.

**To the Occupational Therapy Practitioner (OTP):** The above named has applied for admission to the Master of Occupational Therapy program at LSU Health Sciences Center in New Orleans. We require that the applicant spend a minimum of 40 hours volunteering or observing in occupational therapy under the supervision of licensed OTPs. Up to 20 hours (but no more) may be under the supervision of a certified occupational therapy assistant. The applicants are required to obtain hours in an adult client setting *and* a pediatric setting.

- This form is to be completed by one OTP with whom the applicant has had a minimum of 10 hours of clinical contact.
- The proper selection of applicants for our school is of significance not only to this university, but to the public and the profession as well. We GREATLY appreciate your time and support.
- Please evaluate this applicant by putting an X along the continuum for each category. The right end of the scale indicates that the applicant is *Exceptional* and the left end of the scale indicates that the applicant demonstrates *Poor* performance for that particular category. Please comment if appropriate.

Category	<i>Poor</i> <span style="float: right;"><i>Exceptional</i></span>				
	1	2	3	4	5
Responsibility: Punctual, completed requested tasks					
Attitude: Attentive, actively participated when appropriate					
Communication with Staff					
Communication with Patients/Clients					
Confidentiality: Discussed client at appropriate time and manner					
Appearance: Physical and verbal presentation of self					
Interest in Occupational Therapy					

1. The applicant has primarily observed OT practice with: Pediatric Clients  Adult Clients

2. Briefly describe this applicant's strengths:

3. Briefly describe the qualities of this applicant that may require further development:

4. \_\_\_\_\_ I recommend this applicant for admission without reservation.

\_\_\_\_\_ I recommend this applicant with reservation.

\_\_\_\_\_ I do not recommend this applicant for admission.

5. In signing my name below, I verify this applicant spent \_\_\_\_\_ hours under my supervision.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Position/Title & OT Licensure #/State

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Facility Name & Address

The OTP should email this form directly to [OTNO@lsuhsc.edu](mailto:OTNO@lsuhsc.edu). Do not provide it to the applicant. In the subject line, please put: *DOE, applicant's last name, applicant's first initial*.

If you have any questions, feel free to contact Ingrid Franc, PhD, LOTR at LSU Health Sciences Center, Dept of Occupational Therapy, (504) 568-4304 or [ifran1@lsuhsc.edu](mailto:ifran1@lsuhsc.edu).