



ALAMO COLLEGES DISTRICT
St. Philip's College

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

APPLICANT OBSERVATION OR EMPLOYMENT VERIFICATION FORM					
Total Hours Reflected Need to be 20					
FIRST FACILITY INFORMATION					
Candidates Name					
Facility #1 Name				Facility Phone Number	
Observation Date	From		To		Total # Hours (not to exceed 10)
Discipline Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant <input type="checkbox"/>	Printed Name:			License Number	
	Signature:			Date	
Comments					
SECOND FACILITY INFORMATION					
Facility #2 Name				Facility Phone Number	
Observation Date	From		To		Total # Hours (not to exceed 10)
Discipline Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant <input type="checkbox"/>	Printed Name:			License Number	
	Signature:			Date	
Comments					
EMPLOYMENT VERIFICATION (If being used for volunteer hours)					
Employment Verification	From		To		Total # Hours (not to exceed 10)
Job Title					
Facility Name				Facility Phone	
Discipline Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant <input type="checkbox"/>	Printed Name:			License Number	
	Signature:			Date	
Comments					