

## Application for Occupational Therapy Admissions

### Experience with an Occupational Therapist

In the columns below, list the experiences you have had **DIRECTLY** with an OT

Facility	From(mm/dd/yy)- To (mm/dd/yy)	Total hours	Therapist Name	Responsibilities/Activities/ Populations Observed

### Related Experience

In the columns below, list the experiences you have had that are **RELATED** to OT, but have not been directly with an Occupational Therapist.

Facility	From(mm/dd/yy)- To (mm/dd/yy)	Total hours	Mentor/Supervisor	Responsibilities/Activities/ Populations Observed

### Service & Leadership

In the columns below, please identify your prior service, and leadership, experiences. Also include any international experiences, such as mission trips and study abroad in this section.

Organization/Facility	From(mm/dd/yy)- To (mm/dd/yy)	Total hours	Activities/Responsibilities/Tasks