

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

2019 PRE-ADMISSION OBSERVATION FORM

Submit this completed document by fax* or mail to: SUNY Orange Office of Admissions 115 South St Middletown, NY 10940

*Fax: 845-342-8662

This form must be filled out by students wishing to be considered for entry into the Occupational Therapy Assistant Program and must be returned to the Office of Admissions by the application deadline (February 1, 2019).

1. NAME: [⊒Mr ⊒Ms					
<u></u> -	First	Middle		Last		
2. YOUR ST	UDENT ID# (if known): A	3. DAT	E OF BIRTH: Mo	onth Day	Year	
4. <u>MAILING</u>	ADDRESS: Number and Street		City	State	Zip Code	
5. <u>TELEPHO</u>	ONE: Area Code and Number	6. <u>E-N</u>	IAIL:			
must occur disabilities *If not poss	in at least three different occup , psychiatry* and developmen ible to observe in a psychiatric	required for application to the Octational therapy service settings (atal disabilities/pediatrics). Pleafacility, you may substitute an acon an adult outpatient or rehab factorics.	five hours in eac se use this form t dult rehabilitation	ch of the major treatme to document your obser- a setting. For example,	nt areas: Physical rvations. if you observed in	
Date	Facility Name (where treati located), Address & Telep		Hours in Attendance	OT Practitio	ner Signature	
employees, considered	or hospital business is consider a breach of professional ethics.	y information shared with studented confidential. Disclosure of su Your signature on this form impending the patients and staff at this agency	ch information to lies that you agre	unauthorized individu	als will be	
Signature o	f Student			Date		

Rev: 03/01/2018