



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

2020 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, 2020).**

1. NAME: Mr Ms _____
First Middle Last

2. YOUR STUDENT ID# (if known): A _____ 3. DATE OF BIRTH: Month _____ Day _____ Year _____

4. MAILING ADDRESS: _____
Number and Street City State Zip Code

5. TELEPHONE: _____ 6. E-MAIL: _____
Area Code and Number

A minimum of **15 hours** of observation is required for application to the Occupation Therapy Assistant Program. The observations must occur in **three** different occupational therapy settings (**Five hours in each of the following**):

- **One** developmental disability/pediatric setting
- **Two** different Physical Disability settings (can be a skilled nursing facility, an adult out-patient, a rehab facility or a hand therapy setting, etc.)

PLEASE PRINT ALL THE FOLLOWING INFORMATION:

<i>Date</i>	<i>Facility Name (where treatment area located), Address & Phone #</i>	<i>Treatment Area</i>	<i>Hours in Attendance</i>	<i>OT Practitioner Name & Credentials</i>

During the pre-admission observations, any information shared with students concerning patients, physicians, clinical staff, employees, or hospital business is considered confidential. Disclosure of such information to unauthorized individuals will be considered a breach of professional ethics. Your signature on this form implies that you agree to adhere to the principles of professional ethics in your interactions with patients and staff at this agency / facility.

Signature of Student

Date