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 Occupational Therapy Assistant Program. The observations must occur in at least **three** different occupational therapy service settings (**five hours** in each of the major treatment areas: **Physical disabilities, psychiatry* and developmental disabilities/pediatrics**). Please use this form to document your observations.
*If not possible to observe in a psychiatric facility, you may substitute an adult rehabilitation setting. For example, if you observed in a skilled nursing facility, you can observe in an adult outpatient or rehab facility as a substitute for the psychiatric setting.

Date	*Facility Name (where treatment area located), Address & Telephone #*	*Treatment Area*	*Hours in Attendance*	*OT Practitioner Signature*

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