



**RECOMMENDATION AND VERIFICATION OF
VOLUNTEER/WORK EXPERIENCE IN
OCCUPATIONAL THERAPY CLINIC OR WORK SETTING**

Department of Occupational Therapy
3800 Victory Parkway
Cincinnati, OH 45207-7341
Phone 513 745-3150
Fax 513 745-3261

NOTE: Volunteer/work experience may not be evaluated by a personal friend or relative.

Applicant, please fill out the next section completely--failure to do so, could invalidate this form.

APPLICANT

Applicant's Name: _____

Applicant's Address: _____

Practitioner who will be completing form: _____

How long practitioner has known applicant: _____

In what capacity has practitioner known applicant: _____

Check One: [] I waive the right to view this letter of recommendation in my file at Xavier University.

[] I do not wish to waive this right; I wish to retain the right to view this letter in my file at Xavier University.

Signature of Applicant: _____ Date: _____

The next section is to be completed by the **occupational therapist** or **occupational therapy assistant** who supervised the applicant in the applicant's volunteer or paid work experience. Please note that applicants are encouraged to get this experience in their home community, to decrease the demand on occupational therapy practitioners in facilities close to Xavier University, that is, in the Greater Cincinnati area.

OCCUPATIONAL THERAPY PRACTITIONER

I verify that the above applicant has asked relevant questions about the field, and completed _____ (minimum of 20 hours required) hours of paid or volunteer work experience in the following population. (circle one of the below)

Pediatrics

Adults

Geriatrics

On the basis of my supervision of this individual, I have been able to observe her/his interaction with others, work habits, or other qualities that are generally considered essential for a career in human services, specifically occupational therapy. Therefore, I: (please check one)

(Please understand that the Admissions Committee relies heavily on your observations and input. We would appreciate any insights you can provide. Listed below are recommendations used in our admissions selection process as represented by a point system on a scale from 1 to 5.)

_____ highly recommend this applicant for a career in human services

_____ recommend this applicant for a career in human services

_____ recommend with reservations

_____ have grave concerns (please feel free to specify these concerns in narrative comment)

_____ do not recommend this applicant for a career in human services

Signature of Occupational Therapy Practitioner: _____ Date: _____

(OVER) →

After completing the applicant rating section, please type or print below any additional comments you have generally addressing the applicant's potential to work in human services:

Occupational Therapy Practitioner Name: _____

OT License Number: _____ State: _____

Title/Position: _____

Institution/Organization and Address: _____

Office Telephone: _____

May we contact you if we have further questions regarding this applicant? Yes _____ No _____

The forms must be completed by a fully credentialed occupational therapy practitioner who supervised the student and must be submitted on the original forms. The supervisor may not be a relative or personal friend. Photocopies of completed forms will not be accepted. Forms must be sent directly to the Department of Occupational Therapy from the practitioner and not mailed by the applicant. Doing so will invalidate this form.

**Mail Completed Form to: Xavier University
Occupational Therapy Department
3800 Victory Parkway
Cincinnati, OH 45207-7341**