

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

Name _____ Address _____
 Email _____

 Applicant Signature _____ Date _____

OCCUPATIONAL THERAPY PRACTITIONER SECTION

The remainder of this form must be completed by a fully credentialed occupational therapy practitioner who supervised the applicant's volunteer or work experience. The practitioner may NOT be a personal or family friend or relative.

Criteria	Concerned about recommending	Recommend w/reservations	Recommend	Recommend highly
1. Demonstrates appropriate non-verbal communication skills (appears alert, engaged, interested; makes eye contact)				
2. Displays appropriate verbal communication skills (asks questions, initiates discussion without disruption)				
3. Demonstrates professional behaviors (arrives on time, respectful, maintains appropriate boundaries)				
4. Refrains from personal use of technology unless otherwise directed				

Comments (optional):

I verify that the above applicant has completed ____ (minimum of 20 hours required) hours of volunteer or work experience with the following population (Circle One): **Pediatric** **Adult** **Geriatric**

Occupational Therapy Practitioner Name _____ OT License Number/State _____
 Institution Name _____ Position/Title _____
 Address _____ Office Telephone Number _____
 _____ Email Address _____
 Occupational Therapy Practitioner Signature _____ Date _____

Upon completion, applicant will retain form to submit with OTD application via online application system (OTCAS).