STOCKTON UNIVERSITY | GRADUATE STUDIES

VOLUNTEER/PAID WORK/CLINICAL HOURS VERIFICATION FORM

MSOT APPLICANTS ONLY

Applicants, please print this form, as needed. Submit a separate form for each work site. Complete the top half and request that the supervisor of the work site complete the bottom half. These completed forms must be **uploaded** to your online application within your Discover account. **When uploading your forms,** you must merge them all into **one file,** as you will only be able to upload one file in this section. Please visit our website www.stockton.edu/grad for further instructions on uploading your forms.

MSOT applicants: Documentation of 40 hours of work, volunteer work or community service in a variety of occupational therapy settings with clients of different ages and diagnoses. ***(Please only send 1 form per site with the cumulative hours noted. Do not send multiple forms for the same site.)***

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Name, credentials and title of supervising **Occupational Therapist**:

_____

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Date	Department *	Total Hours

_____ _____

Signature and License Number of Supervising Occupational Therapist: Date:

* With what specific population(s) did the applicant complete their observations? (Please do not include patient populations that are at your facility, but were not observed.)

Population: [ ] Adults [ ] Geriatrics [ ] Pediatrics

In what specific setting(s) did the applicant complete their observations?

Setting: [ ] Hospital [ ] Long-term care [ ] Outpatient
[ ] Rehabilitation facility [ ] School [ ] Home Care
[ ] Skilled nursing facility [ ] Other _____