

Occupational Therapy Assistant Program Documentation of Health-Related Experience

This form is provided to verify any health-related experience you include in your application (Page 8 Question 3) and will be further discussed in the event of an interview. Examples of health-related experience may include employment as a Therapist Aide or Technician, Paraprofessional, EMT, ATC, Certified Nursing Assistant, First Responder, or as a volunteer in a hospital or nursing home setting.

I, _____, authorize the release of information regarding my experience in

(Print Name)

a health-related occupation for consideration as a part of my OTA application.

Signature _____ Date _____

Facility/Business _____ Phone No. _____

Mailing Address _____
Street, City, State, Zip

Supervisor's Name _____ Title _____

Dates Employed/Volunteered: From ____ To ____ Number of Hours ____ Title _____

Job Duties: _____

Facility/Business _____ Phone No. _____

Mailing Address _____
Street, City, State, Zip

Supervisor's Name _____ Title _____

Dates Employed/Volunteered: From ____ To ____ Number of Hours ____ Title _____

Job Duties: _____

*Upon completion return to: Brandy Chase, OTA/PTA Program Coordinator,
SWOSU, 100 Campus Drive, Weatherford, OK 73096*