LSU Health NEW ORLEANS
School of Health Professions

Documentation of Experience Form

SECTION 1 – APPLICANT (Completed by the Applicant)

Complete this section before providing the form to your supervising Occupational Therapy Practitioner (OTP). The OTP should email the completed form directly to OTNO@lsuhsc.edu. A maximum of 20 hours may be under the supervision of a certified occupational therapy assistant.

Applicant Name:	**Supervising OTP Name:**
Facility Name:	**Dates of Experience:**
Facility Address:	**Total Hours Under Supervision:** *Minimum of 10 hours per submission.
Practice Setting: *If both, specify hours under each. ☐ Adult ☐ Pediatric	**Applicant Signature:**

SECTION 2 – OCCUPATIONAL THERAPY PRACTITIONER EVALUATION (Completed by Supervising OTP)

Please evaluate the applicant based on your direct observations.

Competency	Below Expectations	Meets Expectations	Exceeds Expectations
Professionalism	☐	☐	☐
Communication	☐	☐	☐
Initiative & Engagement	☐	☐	☐
Readiness for an Occupational Therapy Program	☐	☐	☐

Strengths (Optional)	Areas for Growth (Optional)

OVERALL RECOMMENDATION

☐ Recommend without reservation

☐ Recommend with reservation

☐ Do not recommend

In signing my name below, I verify this applicant spent _____ hours under my supervision.

Printed Name	Credentials / OT License #
Facility	Signature / Date

Email completed form directly to: OTNO@lsuhsc.edu