CUYAHOGA COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
Cleveland, OH

Volunteer Verification Form

To Whom It May Concern;

The bearer of this letter, _____is an applicant to the Occupational Therapy Assistant Program. Applicants to this program are required to observe occupational therapy treatment in order to gain familiarity with the OT treatment process and requirements of the field. We would appreciate your verification of the following information.

	Number of Hours
1. The applicant has been employed or volunteered in an Occupational therapy clinic 50 or more hours.	_____

A licensed occupational therapist or occupational therapist assistant must sign this form. Please indicate your OT license # _____

_____
Supervisor Signature

Please print/type Supervisor's name, facility address and phone number

_____ _____
Name Health Care Agency

_____ _____
Address Date

_____
Phone