OTA Program Observation Hours Verification

Observation Hours Verification Log #1

First and Last Name	
Student ID	
Facility Name	
Type of Facility	
Supervisor Name	
Phone #	

Date	From:	To:	Hours:	Signature of Licensed OT or OTA

Comments:

Observation Hours Verification Log #2

First and Last Name	
Student ID	
Facility Name	
Type of Facility	
Supervisor Name	
Phone #	

Date	From:	To:	Hours:	Signature of Licensed OT or OTA

Comments:
