

West Virginia University – Division of Occupational Therapy

VOLUNTEER/SHADOWING/EMPLOYMENT EXPERIENCE  
IN OCCUPATIONAL THERAPY

*VERIFICATION FORM*

**APPLICANT NAME:** \_\_\_\_\_

**NAME OF FACILITY:** \_\_\_\_\_

**FACILITY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF SETTING (e.g., Acute Care; School System; Skilled Nursing Facility, etc.):**

\_\_\_\_\_

**DATES OF VOLUNTEERING/SHADOWING/EMPLOYMENT: (MM/DD/YYYY)**

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL NUMBER OF VOLUNTEER/SHADOWING/EMPLOYMENT HOURS AT THIS  
FACILITY WITH THE THERAPIST BELOW: \_\_\_\_\_ HOURS**

**DUTIES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NAME OF OCCUPATIONAL THERAPIST SUPERVISING YOUR EXPERIENCE:**

\_\_\_\_\_

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_

**CREDENTIALS (e.g., OTR/L)** \_\_\_\_\_

**DATE:** \_\_\_\_\_