

MEMORANDUM

TO: Occupational Therapy Program Applicant

FROM: Department of Occupational Therapy
University of Central Arkansas

SUBJECT: Required Volunteer/Observation Experience

The Department of Occupational Therapy at the University of Central Arkansas requires a volunteer/observation experience for all program applicants. This experience must be for at least 20 hours and may be completed in any occupational therapy setting under the supervision of a registered/licensed occupational therapist (OTR). However, all 20 hours must be supervised by the **same** OTR. *Supervision by an OTA will not be accepted.* It is the responsibility of the applicant to make arrangements with an occupational therapist for this experience. The applicant is also responsible for obtaining the Volunteer/Observation Evaluation Form from the occupational therapy department website and giving it to the supervising therapist. We strongly recommend completing this requirement by December 1st so that all materials are received before the application deadline of January 15th. Furthermore, the volunteer/observation experience must be completed **within one year** of applying to the program. (For example; Jan 15, 2018 to Jan 15, 2019).

Guidelines for the volunteer experience are as follows:

1. The applicant makes arrangements with **one** registered/licensed occupational therapist (OTR) to complete all 20 hours of the volunteer/observation experience. It is up to the applicant and therapist to agree on the schedule for these hours (i.e., 4 hours a day, 2 hours a week, etc.). This is a voluntary service provided by the therapist. Therapists are NOT obligated to provide this experience.
2. Applicants will not be allowed to use work site or internship hours as volunteer/observation experience hours, nor can they observe under a therapist who is a family member or friend.
3. The applicant gives the occupational therapist the evaluation form (including cover memorandum) the first day of the volunteer/observation experience.
4. Once the volunteer/observation experience is finished, the occupation24ltih13.21erasi

VOLUNTEER / OBSERVATION EVALUATION FORM

Applicant's Name: _____ Start Date of Observation _____ End Date _____

In requesting the completion of this evaluation form which will be used in the admission selection process for the occupational therapy program at the University of Central Arkansas, I waive my right of access to this document _____

(Applicant Signature)

OTR Completing this form: _____

Facility & Address: _____

3.3 Acceptance of role as
volunteer

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