

MEMORANDUM

TO: Occupational Therapy Assistant Applicant

FROM: Baptist Health College Little Rock-School of Occupational Therapy Assistant

DATE: July 2017

SUBJECT: Required volunteer/observation experience

The Baptist Health College Little Rock-School of Occupational Therapy Assistant (BHCLR-SOTA) requires a volunteer/observation experience for all program applicants. This experience must be for a total of 6-8 hours and may be completed in any occupational therapy setting under the supervision of a registered occupational therapist (OTR) or certified occupational therapy assistant (COTA). The applicant is responsible for obtaining the Volunteer Work Evaluation Form from the BHCLR-SOTA and giving it to the supervising practitioner. This requirement must be met and all forms returned by the file completion deadline of May 1.

Guidelines for the volunteer experience are as follows:

1. The applicant makes arrangements with the OTR/COTA(s) to complete the 6-8 hours of volunteer work or observation. This is a voluntary service provided by the practitioner(s). They are NOT obligated to provide this experience. Completing more than the required 6-8 hours does not benefit your application status in any way.
2. The applicant gives the OTR/COTA(s) the evaluation form the first day of the volunteer experience. *Please be sure to sign the top of the form prior to providing it to the OTR/COTA.*
3. Once the volunteer experience is finished, the OTR/COTA(s) complete(s) the evaluation form (please submit only one form) and mails it directly to the BHCLR-SOTA. Form must be received by BHCLR by the May 1 deadline.
4. *Applicants will not be allowed to use a current or previous work site as observation hours, nor can an applicant observe under a practitioner who is a family member or friend or a practitioner who is providing or has provided therapy services to the applicant or a family member of the applicant.*

It is the applicant's responsibility to ensure their observation experience meets the above criteria. Observation experiences which do not meet the established criteria will not meet the application requirement and may prevent the applicant from completing the application process. Only applicants who complete the application process will be considered for an interview.

BHCLR VOLUNTEER OBSERVATION EVALUATION FORM

Applicant's Name _____ Date: _____
 Applicant Phone #: _____

This evaluation form will be used in the admission selection process for the Baptist Health College Little Rock- School of Occupational Therapy Assistant.

I verify my observation hours were not completed with a relative, close friend, work associate or occupational therapy practitioner who has provided or is providing services to me or a close family member. I waive my right of access to this document:

_____ (Applicant signature)

OTR/OTA completing this form: _____
 State and License #: _____
 Facility & Address: _____
 Telephone Number: _____
 Number of observation hours completed: _____
 Date of observation hours: _____

Guidelines for OT/OTA completing form:

1. 6-8 hours are required. Additional hours do not benefit the applicant in the application process.
2. Prior to beginning experience, applicant provides signed form waiving rights to access the form.
3. Do not complete a form for a relative, close friend, work associate or anyone you know as a result of providing therapy services to the applicant or a family member of the applicant.
4. Please do not hesitate to provide an honest assessment of the applicant. We value your feedback!

Observation Evaluation

Please circle the number that best describes your experience with the student.

1=poor, 2= average, 3=good, 4=outstanding

Behavior	Expectation				
Attendance	Kept appointment and arrived on time	1	2	3	4
Follows directions	Follows directions as requested	1	2	3	4
Attitude	Positive attitude toward patients and staff	1	2	3	4
Communication	Displayed appropriate verbal and non-verbal communication skills	1	2	3	4
Personal appearance	Dressed appropriately for the experience	1	2	3	4
Motivation/Interest	Was motivated and displayed interest in the experience	1	2	3	4
Patient/client confidentiality	Was mindful of confidentiality	1	2	3	4
Phone/technology	Refrained from use of cell phone and other technology	1	2	3	4

Please return the completed form to: Baptist Health College Little Rock- School of Occupational Therapy Assistant, 11900 Colonel Glenn Road, Little Rock, Arkansas 72210