

Doctorate of Occupational Therapy
Documentation of Experience

Directions

Section I: Completed by the applicant

Section II: Completed by a registered and licensed Occupational Therapist (LOTR)

Process: Applicant provides the LOTR with a pre-addressed, stamped envelope along with this form. Upon completion, the LOTR places this form in the envelope and signs the envelope across the seal.

Please mail this form to: Angie Collins, Program in Occupational Therapy, LSU Health-Shreveport, School of Allied Health Professions, Rm. 2-244, 1450 Claiborne Ave., Shreveport, LA 71130.

Note: Admission to the MOT Program requires a minimum of 40 observation hours. The OT areas of practice **MUST** include: 20 hours in a pediatric setting under one pediatric LOTR and 20 hours in an inpatient rehabilitation setting under one adult rehabilitation LOTR.

SECTION I (Applicant complete) Please type. Setting: ☐ Pediatric ☐ Adult Inpatient Rehab ☐ Other

Applicant Last Name Applicant First Name Middle Name Year you plan to enter Program

Applicant Address City State Zip

Name of Facility

Facility Address City State Zip

Name of LOTR Supervisor Work Phone Number

Dates and number of hours each day you spent at the above named facility or if internship, start and end dates and total hours:

Date	Hours

Date	Hours

Date	Hours

Total Number of Observation Hours: _____

Applicant Signature

Date

SECTION II (LOTR complete)

LICENSED, REGISTERED OCCUPATIONAL THERAPIST

This form is to be completed by **one** licensed, registered Occupational Therapist (LOTR) with whom the applicant has had a minimum of 20 hours of clinical experience. All information on this form is held in strictest confidence by the LSU Health MOT Program and will not be shared with the applicant so please give your honest opinion. Please rate the applicant's performance in your setting.

Rating Scale

1	2	3	4
Unsatisfactory. Cause for concern, multiple instances or a one-time incident, particularly if affects therapy in your setting.	Needs improvement. Required moderate supervision or prompting. Lack of maturity or appropriate knowledge.	Good. Demonstrated average or better skill/attitude. Appropriate level to begin MOT program. Minimal prompting.	Excellent. Superior skills, knowledge and attitude. Required no prompting, initiated appropriately. Truly exceptional.

_____ **Dependability:** on time, does not leave early, gives more time if needed, follows through on tasks
Example:

_____ **Empathy:** renders assistance to all individuals without bias or prejudice (sociocultural, socioeconomic, spiritual and lifestyle choices). Seeks out and attempts to understand clients' viewpoint.
Example:

_____ **Professional Behavior:** avoids gossip, respectful to everyone at facility, appropriate attire for setting, etc.
Example:

_____ **Judgment and safety:** uses sound judgment in regard to safety of self and others, follows universal precautions
Example:

_____ **Communication:** body posture and affect convey enthusiasm, congruency between actions and words, written work is legible (proper spelling, grammar, punctuation, etc.), seeks/shares information at appropriate time
Example:

_____ **Interest in OT:** asks OT specific questions, attempts to understand the importance of "occupation" with clients
Example:

Describe briefly the potential strengths this applicant may bring to the field of occupational therapy:

Recommendation regarding admission to LSU Health Shreveport OTD Program:

☐ I recommend admission

☐ Unsure

☐ I do not recommend admission

Please share any concerns you have about this applicant:

LOTR Signature

OT License#/State

Date