

**TOURO UNIVERSITY NEVADA  
SCHOOL OF OCCUPATIONAL THERAPY**

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**Applicant Documentation of Experience: Work or Volunteer Contact**

APPLICANT NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

Students must document a minimum of 20 hours of time spent working or volunteering in occupational therapy clinical settings alongside an occupational therapist. Use the space below to itemize experiences that would qualify you for meeting this prerequisite.

Facility/Program Name	Location	Start Date – Completion Date	Supervisor Contact Information (Name, Title, Telephone/Email)	Type of Experience	Total # Hours

Total # of Hours: \_\_\_\_\_

**Signature of Occupational Therapist Verifying Contact:**

\_\_\_\_\_ Date(s) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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