

Occupational Therapy Department Experience Form



Nova Southeastern University
 Enrollment Processing Services (EPS)
 Attn: College of Allied Health and Nursing
 Occupational Therapy Department
 3301 College Avenue
 P.O. Box 299000
 Fort Lauderdale, FL 33329-9905

Applicant Name: _____

NSU ID #: _____

Previous Experience Acquired in the Occupational Therapy Field within the last 5 yrs

Please indicate type of experience as observation (O), volunteer (V), aide or tech (A), or Occupational Therapist Assistant (OTA).

Facility/Agency's Name, Address and Phone Number	Type of Experience (O, V, A, OTA)	Start/End Date	Print Supervisor's Name and Title	Supervisor's Signature	Type of Setting and Population	Total # of Hours

I certify that the above information is true and accurate
 Student Signature: _____

Date: _____