



183 College Drive • De Queen, AR 71832 • 870.584.4471 • 800.844.4471 • www.cccua.edu

OTA Applicant Observation Form

As part of the application process, prospective students are required to obtain a minimum of **8 hours of observation consisting of at least four hours of observation in two different settings** (examples of different settings: nursing homes, school system, inpatient rehab hospital, out-patient rehab, hospital, home health, etc.) under the supervision of a registered occupational therapist or certified occupational therapy assistant, to whom he or she is **not** related. **The applicant must be observed and rated by two different OT practitioners for a minimum of 8 hours.** The applicant must have the attached recommendation form completed by an **OTR or COTA** with whom the applicant observed. We prefer that the observation experiences offer opportunities for the applicant to interact with patients.

Attached you will find the form with which to rate the applicant's performance. Along with this packet, the applicant is to supply you with a stamped envelope addressed as follows:

Division of Medical Education-UA Cossatot
Attn: Christina Cooper
183 College Drive
De Queen, AR 71832

You (the OTR or COTA) may complete the form with the applicant on site, place it in an envelope, seal it, sign across the seal and give it back to the applicant to mail. Or, if time or situation does not allow for immediate completion, the practitioner may complete the form later and mail it to the Medical Education Division in the envelope provided or scan and email to Christina Cooper at ccooper@cccua.edu

UA Cossatot embraces diversity and is committed to improving the lives for those in our region by providing quality education, outstanding service, and relevant industry training.

UA Cossatot Mission Statement

UA Cossatot

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Occupational Therapy Assistant Program OTA Applicant Observation Form

Applicant _____
Last Name First Name

OTR OR COTA COMPLETING THIS RECOMMENDATION:

Name _____ Title _____

Facility _____

Describe your facility (circle as many as apply)

Setting: long term care / school system / rehab / outpatient / home health
other _____

Ages: infants / children / adolescents / adults / elderly

Focus: mental health / developmental disability / physical dysfunction/ wellness
other _____

A minimum of four (4) observation hours must be completed prior to rating this applicant.

Observation Hours

Date	Hours	OTR/COTA Initials

Total contact hours completed under your supervision _____

Is this applicant related to you? Yes No (Relatives may not participate)

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Rating Scale: Circle the number closest to your impression of the applicant.

SA=Strongly Agree (5) A=Agree(4) NO=No opinion (3) D=Disagree (2) SD=Strongly disagree (1)

Comments are encouraged as you see fit, and are requested if you circle 1 or 2.

	SA	A	NO	D	SD
1. Demonstrates good listening skills. Comments:	5	4	3	2	1
2. Communicates effectively with clients and staff. Comments:	5	4	3	2	1
3. Exhibits adaptability and flexibility. Exhibits common sense. Comments:	5	4	3	2	1
4. Demonstrates appropriate affect, interest, and attentiveness. Appears engaged. Comments:	5	4	3	2	1
5. Demonstrates effective interpersonal skills. Relates appropriately to clients and staff. Comments:	5	4	3	2	1
6. Shows dependability / reliability/ promptness. Comments:	5	4	3	2	1
7. Relates well to person in authority. Comments:	5	4	3	2	1
8. Follows directions well. Asks questions for clarification. Comments:	5	4	3	2	1
9. Appearance is appropriate to the setting. Comments:	5	4	3	2	1
10. Would you be willing to have this application return for Level II fieldwork?	Yes	No			

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Additional Comments or information you would like us to know about the applicant:

Signature

Date

Credentials:

License # _____

State _____

Exp. Date _____

Address _____

Daytime Phone _____

THANK YOU!!!!

FAX COPIES WILL NOT BE ACCEPTED

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