

**NORTHERN VIRGINIA COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
DOCUMENTATION OF OCCUPATIONAL THERAPY AIDE WORK EXPERIENCE**

Applicants please use a **separate** form for documenting your work experience as a rehabilitation technician and/or occupational therapy aide for **each** clinic or facility.

Applicant's Name: _____

Occupational Therapist Practitioner's Name: _____

Office Address: _____
Street Address

City

State

Zip Code

Office Telephone: _____
Area Code Telephone Number

E-mail Address: _____

Applicant Title: _____

Dates of Service: _____ to _____
Month/Year Month/Year

Total number of hours of service: _____

I certify that the above information is correct and accurate for this applicant who is applying to the Occupational Therapy Assistant Program at Northern Virginia Community College.

OT's/OTA's Signature **Date**

Note: This is the official form that **must** be used for the documentation of OT aide/Rehabilitation Technician work experience. There are to be **no** substitutions for the use of this form when accounting for work experience as an OT aide and/or Rehab Technician. **Please submit this with your application packet.**