



Occupational/Physical Therapist Assistant Program Work Experience Verification Form

- Instructions:**
1. Describe your experience(s) working with people with cognitive, emotional, mental or physical disabilities. Either paid or volunteer experience is acceptable. A minimum of 50 hours is required for acceptance into the Occupational/Physical Therapist Assistant Program.
 2. Provide suitable documentation verifying your experience.
 3. Return the completed form with your application.

Applicant's information

.....
Last name (family name)

.....
First name

Part 1 – To be completed by applicant

a. What was the name of the group, association, individual or educational Institute where you acquired the experience?

.....
b. What was the title of your position (if applicable)?

.....
c. How many hours did you work with the above group, association, individual or educational institute?

.....
d. List the dates that you worked with the above.

.....
e. Briefly describe your duties.

Part 2 – To be completed by a supervisor, employer or administrator

(If the experience was obtained at an educational institute, a copy of the transcript is all that is required)

a. How long have you known the applicant, and in what capacity?

.....
b. If you agree with the information supplied by the applicant in Part 1, please sign below acknowledging that the information is correct.

.....
Name (please print)

.....
Phone number

.....
Address

Thank-you for completing