College of Allied Health

University of Oklahoma Health Sciences Center Documentation of Observation Experience

Master of Occupational Therapy and Doctor of Physical Therapy

This worksheet is for your records only. You will type this information into the online application.

Name and Address of Facility:			
Telephone	Email	Dates	
	Supervisor		
	ss of Facility:		
Telephone	Email	Dates	
Clock Hours	Supervisor		
Name and Addres	ss of Facility:		
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Clock Hours	Supervisor		
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Clock Hours	Supervisor		