

OCCUPATIONAL THERAPY SERVICE VERIFICATION
THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
930 MADISON AVENUE, SUITE 600
MEMPHIS, TENNESSEE 38163

VERIFICATION OF VOLUNTEER AND/OR PAID SERVICE

Date _____
Name _____ SSN# _____
Address _____

The above named applicant is being considered for acceptance into the Occupational Therapy Curriculum at The University of Tennessee Health Science Center. We would therefore appreciate the following information:

Dates of Service: To _____ From _____

Please check one of the following descriptions of the applicant's service in your center:

- _____ Worked as COTA or PTA. If so, how many years' experience? _____
- _____ Worked as a rehabilitation technician. If so, how many years' experience? _____
- _____ Observed or volunteered in your service.

Approximate number of volunteer/observation hours: _____ 1-30 _____ 31-50
_____ 51-80 _____ 81-100 _____ 100+

Is your facility. . .	Name of Facility...
_____ an OT Department?	_____
_____ a PT Department?	_____
_____ other health services? (which?)	_____
_____ non health service? (name)	_____

Please critically evaluate the quality of the applicant's work experience.

Signature _____ Title _____

Thank you for your assistance. Please return this form to:

The University of Tennessee
Health Science Center
930 Madison Avenue, Suite 600
Memphis, Tennessee 38163
uthscot@uthsc.edu