VERIFICATION OF VOLUNTEER AND/OR PAID SERVICE FORM
APPLICATION PACKET

Instructions
- Part 1 must be completed by the applicant.

1. APPLICANT INFORMATION
   (to be completed by APPLICANT to Occupational Therapy)

   DEMOGRAPHICAL INFORMATION

<table>
<thead>
<tr>
<th>Name [Last, First]</th>
<th>Date</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

   - The name listed above is being considered for program entry into the Occupational Therapy program at UTHSC. We would appreciate you providing the following information.
   - Part 2 must be completed by Supervisor(s) of the area(s) served.

2. VERIFICATION OF VOLUNTEER AND/OR PAID SERVICE
   (to be completed by Supervisor)

   NAME OF FACILITY

<table>
<thead>
<tr>
<th>Total No. of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30</td>
</tr>
<tr>
<td>31-50</td>
</tr>
<tr>
<td>51-80</td>
</tr>
<tr>
<td>81-100</td>
</tr>
<tr>
<td>100 +</td>
</tr>
</tbody>
</table>

   Address
   City
   State
   Zip
   Dates of Service
   To Date
   From Date

   DESCRIPTION OF SERVICES

<table>
<thead>
<tr>
<th>Worked as COTA?</th>
<th>If so, how many years’ experience?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked as PTA?</td>
<td>If so, how many years’ experience?</td>
</tr>
<tr>
<td>Worked as rehabilitation technician?</td>
<td>If so how many years’ experience?</td>
</tr>
<tr>
<td>Observed or volunteered in your service?</td>
<td></td>
</tr>
</tbody>
</table>

   - Is your facility...

   OT Department?
   PT Department?
   Other Health Service? (please list)
   Non-Health Service? (please list)

   EVALUATE QUALITY OF APPLICANT’S WORK EXPERIENCE

   SUPERVISOR SIGNATURE
   Print Name
   Signature
   TITLE
   Date

Mail Verification of Volunteer and/or Paid Service Form and Application Packet to:
The University of Tennessee Health Science Center
Office of Enrollment Services
910 Madison Avenue, Suite 520
Memphis, TN 38163
(901) 448-5560