

**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.**