



Occupational Therapy Program
OT Volunteer Hours Form

This form should be faxed directly to the Office of Admissions: 646-495-3880

Office of Admissions contact information:

1700 Union Boulevard P: 866-TOURO4U
Bay Shore, NY 11706 F: **646-495-3880**
E: enroll.health@touro.edu

OCCUPATIONAL THERAPY VOLUNTEER HOURS

To be completed and signed only by the Supervisor

Applicant Name: _____

Facility: _____

Supervisor: _____

Clinical Setting: Hospital Private Office Clinic Other: _____

Area of Practice: _____

Date(s): _____ Number of Hours completed: _____

Description of duties/comments:

Signature of OT Supervisor: _____ Date: _____

Supervisor OT contact information: Phone: _____ Email: _____

Supervising OT license # _____