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 # ____________________________________