For admission to the Mount Mary University Occupational Therapy program, applicants are required to shadow an occupational therapist for a minimum of \textbf{4 hours}. Shadowing of more than one therapist in more than one setting is permissible. (Example: shadow an occupational therapist in a rehabilitation setting for 2 hours and then shadow an occupational therapist in a grade school for 2 hours). Shadowing needs to be completed within two years prior to application. OTA’s/COTA’s are waived from this requirement.

Call the Director of Occupational Therapy of the facility, identify yourself as a student seeking admission to the Mount Mary University Occupational Therapy program and that shadowing of an occupational therapist is a requirement for admission to the Occupational Therapy program. If you need assistance finding a shadowing experience, call the Occupational Therapy Department Fieldwork Coordinator at 414-256-0163.

\textbf{Verification of the shadowing experience is required:}

1) The therapist that you shadow needs to verify the shadowing experience and will comment on your punctuality, patient interaction and professional inquiry. Ask the therapist to complete the attached form (Form A) and return it to the department via mail or email:
   Mount Mary University
   Occupational Therapy Department
   2900 N. Menomonee River Pkwy
   Milwaukee, WI  53222-4597
   mmu-ot@mtmary.edu

   It is suggested that you provide the supervisor the form with your name printed on it and a stamped/addressed envelope.

2) A one page summary using the attached form (Form B) is to be completed by the applicant.

3) If shadowing is completed in two different locations to total four hours, then applicants must submit two shadowing forms (both Form A and Form B).
BS/MS IN OCCUPATIONAL THERAPY PROGRAM

SHADOWING EXPERIENCE VERIFICATION

This is to verify that ________________________________ shadowed an
(applicant’s name)

occupational therapist at ________________________________
(facility name and location)

on ___________________ for a total of __________ hours.
(date/dates)

Summary of student’s experience and professional behavior:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student was punctual in arrival to clinic</td>
<td></td>
</tr>
<tr>
<td>Student had the opportunity to observe client treatment</td>
<td></td>
</tr>
<tr>
<td>Student asked questions about treatment observed</td>
<td></td>
</tr>
<tr>
<td>Student acknowledged client(s) (e.g., greeted client)</td>
<td></td>
</tr>
<tr>
<td>Student demonstrated professional inquiry as evidenced by asking therapist questions about career of OT</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Therapist’s signature: ____________________________ Date: __________

Please return form to: Mount Mary University
Occupational Therapy Department
2900 N. Menomonee River Pkwy
Milwaukee, WI 53222-4597
Or send via email: mmu-ot@mtmary.edu

Form A  7/1/13
BS/MS IN OCCUPATIONAL THERAPY PROGRAM

APPLICANT’S SUMMARY OF SHADOWING EXPERIENCE

Name: ____________________________________________ Date: ________________
Facility: ________________________________________________________________
Name of occupational therapist (OTR): _______________________________________

Respond to the following below or attach a separate sheet:

1. Summarize what you learned about occupational therapy treatment in this setting.

2. Identify two responsibilities or skills of the therapist you shadowed.

3. Based on what you learned from the therapist about occupational therapy and what you observed, what draws you to the field of occupational therapy?

4. What are some of the questions you asked the therapist:
   A. Regarding OT as a career
   B. About the OT treatment observed