**UNC-Chapel Hill Occupational Therapy Program Application**

**OT Observation Record**

(Note: You can add more lines as needed using the “Table Tools” in Word)

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| **Name of OT practice site** | **Type of practice (e.g., skilled nursing, outpt. rehab, school, etc.)** | **Dates of observation** | **Number of hours observed** | **Supervising OT** | **OT contact information (phone or email)** |
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