



## OCCUPATIONAL THERAPY PROGRAM

### Shadowing Experience Guidelines

For admission to the Mount Mary University Occupational Therapy program, applicants are required to shadow an occupational therapist for a minimum of **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 must 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 and identify yourself as a student seeking admission to the Mount Mary University Occupational Therapy program. Let them know that shadowing of an occupational therapist is a requirement for admission to the Occupational Therapy program.

#### **Required Verification of Shadowing Experience:**

1. **Form A:** The therapist that you shadowed will comment on your punctuality, patient interaction, and professional inquiry. Ask the therapist to complete Form A and return it to you. You will then upload into OTCAS (MMU undergraduate students see below).
2. **Form B:** A one-page summary using Form B is to be completed by the applicant.

\*\*\*If the shadowing experience is completed at two different locations to total four hours, then applicants must submit two separate shadowing forms of both Form A and Form B for *each* location.

Please upload the completed forms to OTCAS (<https://otcas.liasoncas.com>). Current Mount Mary undergraduate students can contact the Office of Graduate Admissions at [mmu-gradinfo@mtmary.edu](mailto:mmu-gradinfo@mtmary.edu) or (414) 930-3049 for guidance on how to submit this form directly to the university.



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**Shadowing Experience Verification – Form A**

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:**

**Yes**

**No**

Student was punctual in arrival

Student had the opportunity to observe client treatment

Student asked questions about treatment observed

Student acknowledged client(s) (e.g., greeted client)

Student demonstrated professional inquiry as evidenced by asking  
therapist questions about career of OT

**Additional Comments:**

Therapist's name (printed): \_\_\_\_\_

Therapist's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for completing this form!***

