

_____ applicant name

**- Occupational Therapy - Documentation
of Practical Experience**

(Must have at least two. Attach extra pages if needed)

Name of Setting/Institution:	
Address of Setting/Institution:	
Type of Setting/Institution (check the primary one):	
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Function/Rehabilitation
<input type="checkbox"/> Intervention with Children	<input type="checkbox"/> Intervention in Gerontology Setting
Dates of experience: From:	To:
Total Hours:	
Briefly Describe your experience in relation to your choice of profession of Occupational Therapy	