

### **SHADOWING EXPERIENCE GUIDELINES**

For admission to the Mount Mary College 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 an elementary school for 2 hours). Shadowing a therapist needs to be completed within two years **prior** to application. OTA's are waived from this criterion.

Call the Director of Occupational Therapy of the facility, identify yourself as a student seeking admission to the Mount Mary College 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 Mount Mary College at 414-256-0163.

#### **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 at the following address:

Mount Mary College  
Occupational Therapy Department  
2900 N. Menomonee River Pkwy  
Milwaukee, WI 53222-4597

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 and submitted by the due date indicated by your OT advisor.
- 3) If extra time is needed to complete the shadowing experience, contact the OT Department at 414-256-1246.
- 4) 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).

**MOUNT MARY COLLEGE  
OCCUPATIONAL THERAPY DEPARTMENT**



**SHADOWING EXPERIENCE VERIFICATION**

This is to verify that \_\_\_\_\_ shadowed an  
(student'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:**

	<b>YES</b>	<b>NO</b>
Student was punctual in arrival to clinic	<input type="checkbox"/>	<input type="checkbox"/>
Student had the opportunity to observe client treatment	<input type="checkbox"/>	<input type="checkbox"/>
Student asked questions about treatment observed	<input type="checkbox"/>	<input type="checkbox"/>
Student acknowledged client(s) (e.g., greeted client)	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrated professional inquiry as evidenced by asking therapist questions about career of OT	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

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

**Please return form to:** Mount Mary College  
Occupational Therapy Dept.  
2900 N. Menomonee River Pkwy  
Milwaukee, WI 53222-4597

