



Occupational Therapy Assistant Program

ota@ucollege.edu
402.486.2640
3800 South 48th Street
Lincoln, NE 68506

Dear OTA Admissions Committee,

As you consider my application for admission to the OTA program at Union College, please accept this document as proof of my required observation hours.

Name of observation site and setting	Date on site	Completed observation hours	Supervising therapist's name and credentials	Therapist's email address

Student Name	
Email Address	
Phone	
Today's Date	