



MISSOURI HEALTH PROFESSIONS CONSORTIUM

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

In lieu of observation hours, please review the following information and complete the attestation form below:

<https://www.aota.org/Education-Careers/Considering-OT-Career.aspx>

<https://www.aota.org/Education-Careers/Considering-OT-Career/CareerStories.aspx>

<https://www.aota.org/About-Occupational-Therapy/Patients-Clients/video-what-ot-can-do-occupational-therapy.aspx>

Please upload the link to three additional, credible sources that you researched to provide you information about this career.

I attest that I have reviewed the following information about occupational therapy in lieu of observation hours, and am thoughtfully making the decision to pursue a career as an occupational therapy assistant with a clear understanding of the job opportunities and expectations. I feel pursuing this career path aligns with my professional goals and skill set and I submit this application willingly and purposefully.

Signature

Date

Email completed form to Brett Butler at [bbutler6@sfccmo.edu](mailto:bbutler6@sfccmo.edu)