



C O L L E G E

# VERIFICATION AND RECOMMENDATION FORM FOR JOB SHADOW/VOLUNTEER EXPERIENCE IN OT

greenriver.edu/ota (253) 833-9111 Ext. 4839 • 12401 SE 320th St., Auburn, WA 98092

## TO BE COMPLETED BY THE APPLICANT

Name:

Address:

City:

State:

Zip:

Hours completed:

Select one:

I waive the right to view this recommendation/verification form in my file at Greer River College.

I do not wish to waive this right; I wish to retain the right to view this letter in my file at Green River College.

## TO BE COMPLETED BY THE OCCUPATIONAL THERAPY PRACTITIONER

This section is to be completed by the occupational therapy practitioner who supervised the applicant's job shadow, volunteer or paid work experience.