**Journal of Experiences in Occupational Therapy**

**Saint Louis University Department of Occupational Science and Occupational Therapy**

**Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Facility** | **Location****(city)** | **Description of Facility** | **Date and****Number of Hours** | **Summary of Experience** |
|  |  | * Hospital
* School
* Nursing Facility
* Outpatient Clinic
* Home Health
* Mental Health
* Community
 | **/ /****\_\_\_\_\_ hours** |  |
|  |  | * Hospital
* School
* Nursing Facility
* Outpatient Clinic
* Home Health
* Mental Health
* Community
 | **/ /****\_\_\_\_\_ hours** |  |
|  |  | * Hospital
* School
* Nursing Facility
* Outpatient Clinic
* Home Health
* Mental Health
* Community
 | **/ /****\_\_\_\_\_ hours** |  |