

Documentation of Observation Hours

ILLINOIS CENTRAL COLLEGE
HEALTH CAREERS AND PUBLIC SERVICES
201 SW ADAMS
PEORIA, IL 61635-0001

To ICC Occupational Therapy Assistant Program:

_____ has completed observation hours in
the Occupational Therapy Department at the facility of:

on the following dates: _____ for a total
of _____ hours.

Populations Served: _____

Sincerely,

Occupational Therapist/Occupational Therapy Assistant (signature)

Date

Sample Confirmation Letter Of Physical Therapy Observation Hours

**Thirumalaisamy P.
Velavancorresponding**



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