



**HUMAN SERVICE EXPERIENCE FORM**

**Section I: To the Applicant**

The purpose of this form is to provide proof of over 40 hours of work experience or community service experience that demonstrates human service skills. This experience is not limited to the field of occupational therapy. After completing the top section, provide this form directly to the individual who can confirm the nature of your experience and duration of service.

Applicant Name: _____
Organization: _____
Type of Experience: _____
Primary Duties: _____
Total length of experience in hours/years: _____

**Section II: To the Evaluator**

A supervisor that is directly aware and can confirm the content and duration of the applicant's service within the organization completes this section.

Name of evaluator confirming service: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please feel free to forward any further comments regarding the applicant in a separate letter.

Mail to:

**Department of Occupational Therapy  
Chicago State University  
9501 South King Drive  
Douglas Library Room 132  
Chicago, IL. 60628**