

Loma Linda University  
SCHOOL OF ALLIED HEALTH PROFESSIONS  
**Department of Orthotics Prosthetics**  
**O&P Observation/Volunteer/Work Experience Verification Form**

Please fill in the appropriate information and return completed form(s) to:

Michel Davis [mdavis2@llu.edu](mailto:mdavis2@llu.edu) or Lindsay Aguilar [laguilar01@llu.edu](mailto:laguilar01@llu.edu)

A minimum of 80 hours are required by the beginning of the program. (Applying to the program prior to completing hours is encouraged). If possible, try to observe in different practices to get a broader feel for the profession. If you are having challenges finding a site during covid please contact us to be able to utilize alternatives.

Please use a separate form for each observation site.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

I have completed \_\_\_\_\_ hours of observation, volunteer, or work experience in the field of orthotics prosthetics at:

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Dates of Observation

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date