Spalding University MSOT Program Record of Observation Hours
(20 hours required)

_____has completed observation hours (shadowing) at one or more of the facilities identified below. The number of observation hours and an authorized signature has been recorded beside each facility observed.

I have provided an accurate record of my observation / shadowing of a health care professional at the following facilities. (Name) _____ (Date) _____

Location	# of hours	Authorized By	Date Completed