**Level II Fieldwork Contact Form**

**Student Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name: |  | | | |
| Student Address: |  | | | |
|  |  | | | |
| Student Contact: |  | Home | Work | Cell |
| * Primary Phone: |  |  |  |  |
| * Secondary Phone: |  |  |  |  |
| * Email Address: |  | | | |

**Organization/Agency Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility/Site Name: |  | | | |
| Supervisor Name: |  | | | |
| Site Address: |  | | | |
|  |  | | | |
| Supervisor Contact: |  | Home | Work | Cell |
| * Primary Phone: |  |  |  |  |
| * Secondary Phone: |  |  |  |  |
| * Email Address: |  | | | |

**Verification of Fieldwork Educator Qualification**

Clearly **print** the names, degrees, OT credentials, and number of years paid OT experience of each person who will provide direct supervision to the above named student and will complete the final evaluation. \***Must include OT supervisor if FW educator is an OTA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name (print legibly) | College Degrees  (AAS, BS, MS…) | OT | OTA | | NYS License or Authorization # | # Years  of Practice |
| (check one) | | |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |

ACOTE requires that fieldwork educators responsible for educating Level II OTA licensed, certified, or otherwise authorized to practice OT in New York State, have over 1 year qualified full-time equivalent paid experience in an OT practice setting, and demonstrate role competencies in knowledge, critical & ethical reasoning, interpersonal & performance skills, and fieldwork education/supervision.

**Primary fieldwork educator*(s)*, please sign below to certify that the above criteria are met:**

|  |  |
| --- | --- |
| **NAME** | **DATE** |
|  |  |
|  |  |
|  |  |

Return Form via EMAIL: [OTAfieldwork@ecc.edu](mailto:OTAfieldwork@ecc.edu)