

## Dear Fieldwork Educator:

In order to comply with ACOTE standards, we are required to verify your licensure information.

ACOTE 2018 Standard C.1.11:

Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork.

Please assist us in this verification process by providing our student(s) with the information below. Though m,

redundant, we must ask every time, prior to Le which you can fill out and save for future shari	evel II fieldwork. For your convenience, we have created this for ng.
Name:	
Credentials:	
Currently credentialed/licensed to practice of	ccupational therapy in the state of:
License #:	
Original license issue date:	
Facility Name:	
Do you feel adequately prepared for providing	g fieldwork supervision?
If no, may we contact you about providing ad Preferred method of contact:	ditional resources?
Please indicate that you have received and re-	viewed the course objectives in your email packet.
Please indicate your agreement with and interobjectives for this fieldwork experience. *Please	ntion to collaborate with UCA OT in meeting the course ase check all that apply
I agree with the course objectives	I do not agree with the course objectives
I would like to discuss the objectives with	the Academic Fieldwork Coordinator
Thank you for supervising UCA OT students a	nd for helping us achieve excellence in compliance!
Fieldwork Educator Signatur	re Date