

**Level I Fieldwork Student Supervision Agreement**

Dear Fieldwork Educator:

Thank you for agreeing to supervise our student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during his/her Level I fieldwork experience.

The Accreditation Council for Occupational Therapy Education (ACOTE) standard C.1.9 requires that *“qualified personnel supervise Level 1 fieldwork.* *Examples include, but are not limited to: currently licensed or otherwise regulated OTs, OTAs, psychologists, physician assistants, teachers, social workers, nurses and PTs”.*

This form demonstrates that the fieldwork educator, in collaboration with our program, complies with the above standard.

A certificate of verification of fieldwork supervision will be sent to the fieldwork educator when the OT Department receives the student’s final evaluation and all required paperwork. Please print or type the following information.

Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Fieldwork Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yrs. Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_

Thank you for your support to fieldwork education.

Alma R. Abdel-Moty, Dr. OT, MS, OTR/L

Academic Fieldwork Coordinator

Abdela@fiu.edu

Phone: 305-348-3092

Fax: 305-348-1240

**STUDENT:** After your FWE completes the form, email it to otfw@fiu.edu at least **ONE WEEK PRIOR** to the start of your fieldwork experience.

*“We are fueled by intellect; driven by innovation and caring.”*

Occupational Therapy Department

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