## **Level I Fieldwork Qualified Supervisor**

Dear Fieldwork Educator:		
Thank you for agreeing to supervise our student, fieldwork experience.		during the student's Level I
The Accreditation Council for Occupational Therapy E personnel supervise Level 1 fieldwork. Examples include regulated OTs, OTAs, psychologists, physician assistant	de, but are not lii	mited to: currently licensed or otherwise
This form demonstrates that the fieldwork educator, standard.	in collaboration	with our program, complies with the above
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:
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 <a href="mailto:otfw@fiu.edu">otfw@fiu.edu</a> at least <a href="mailto:ONE WEEK PRIOR">ONE WEEK PRIOR</a> to the start of your fieldwork experience.

"We are fueled by intellect; driven by innovation and caring."

Occupational Therapy Department

11200 SW 8<sup>th</sup> Street, AHC3 442A, Miami, FL 33199

Tel: 305-348-2922 Fax: 305-348-1240