



AUGUSTA UNIVERSITY

Occupational Therapy Fieldwork Clinical Instructor Verification Form

Thank you for hosting AU Occupational Therapy students for fieldwork rotations! Please complete the following for to ensure that we are operating under current guidelines and best practice in preparation for fieldwork rotations. **Please complete one form per clinical instructor that the student will have. Submit to augustaotfw@augusta.edu once completed.**

Based on ACOTE Standard C.1.8 (2-18), our program must:

“Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.”

Based on ACOTE Standard C.1.1 (2018), our program must:

“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. Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.”

Name: _____

E-mail address: _____ (Check here if this is the primary e-mail address to receive student evaluations)

Credentials: _____

Facility: _____

Setting: _____

Facility/department telephone number: _____

Number of years in practice: _____

Number of Level I students supervised: This will be my first. 1-3 4-7 8-10 10+

Number of Level II students supervised: This will be my first. 1-3 4-7 8-10 10+

Do you feel adequately prepared to supervise this student: YES NO

Traditional Clinical Instructors: (occupational therapists)

Are you a graduate of MCG/GHSU/GRU/AU? YES NO If so, what year? _____

Currently credentialed/licensed to practice in the state of _____ License Number: _____

Are you an AOTA member? YES NO

Are you currently certified with NBCOT? YES NO

I am not an occupational therapist, but I understand my roles and responsibilities in preparation for supervision of OT students.

YES NO N/A

By initialing below, I understand that my responsibilities as a clinical instructor include:

_____ Protection of consumers of OT through proper supervision and role modeling within the clinical environment

_____ Reviewing and following course objectives (Level I rotations) or Site Specific Learning Objectives (SSLO) (Level II rotations)

_____ Notifying the Academic Fieldwork Coordinator (AFWC), Laurie Vera, at augustaotfw@augusta.edu with any changes and/or concerns

_____ Requesting additional information and learning materials/opportunities related to fieldwork supervision to ensure adequate preparation for hosting a student

_____ Level II rotations should begin with direct supervision, decreasing to less direct as appropriate based on the practice setting, the severity of the client’s condition, and the ability of the student (initial if applicable to rotation type)

Please submit a copy (PDF, screen shot, etc.) of your current practicing license, if applicable (OT).

Printed Name

Dates of Scheduled Rotation

Signature

Date