

West Virginia University
Division of Occupational Therapy
Student Confirmation for OT Fieldwork Experience

Student Name:

Dates of fieldwork:

	Name	Email or Website	Phone (Work and Cell)
Site			Office:
Student Coordinator			Office:
			Fax:
Fieldwork Educator (FWE)			Office:
			Cell:

	Special Instructions
Parking	
Dress Code	
Other	

Fieldwork Educator Packet will be sent via email, please select who you would like to receive it:

Fieldwork Educator

Student Coordinator

Student supervisor is currently a licensed and credentialed OT practitioner with an:
(*AOTA REQUIRED-Please choose one*)

Initial NBCOT certification (Level I)

Initial NBCOT certification and at least 1 year of subsequent practice (required for Level II)

Special Requests	Please check if required by site	Comments Please specify a certain state if necessary	Date due
Background Check		How current?	
Child Abuse Clearance			
Drug Screen			
Interview with student			
Letter of interest from student			
Additional training or paperwork per HR or volunteer office		Name:	
		Phone:	
Orientation prior to start of fieldwork			

Signature: _____ **Date:** _____

Please return this form updated as soon as possible by emailing (lmfooter@hsc.wvu.edu) or printing a completed form and faxing (304-293-7105)

Thank You!