

RARITAN VALLEY COMMUNITY COLLEGE
Occupational Therapy Assistant Program
Level I Fieldwork

Fieldwork Educator Information Form

Date: _____

Student name: _____

Fieldwork Educator name: _____

_____ COTA _____ OTR _____ OTD

If non-OT please list role and title _____

Number of years working as an OT practitioner: _____ License # _____

Verified by RVCC staff on state website: _____ Date _____

Facility Name: _____

Typical work schedule (days/hours):

Proposed dates of FW experience: _____ to _____

Preferred method for the AWFC and FW Educator to communicate: _____ phone _____ email

FW Educator phone: _____

FW Educator email: _____

Fieldwork Educator Agreement

I, _____ (FWE) have received a copy of the RVCC Program Manual, and the *Fieldwork Performance Evaluation for the OTA Student*. I am prepared to serve as a fieldwork educator and agree to supervise this experience.

Please sign below:

FW Educator: _____

Student: _____

IMPORTANT: Student, please fax or hand-deliver this form to the RVCC OTA program office prior to the first day of the fieldwork experience.

RVCC OTA program fax number – 908- 429-1125

Room number: Hunterdon Building H311