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