RARITAN VALLEY COMMUNITY COLLEGE
Occupational Therapy Assistant Program
Level II Fieldwork

Fieldwork Educator Information Form

Date: _______________

Student name: ________________________________________________________________

Fieldwork Educator name: ______________________________________________________

____COTA _____OTR

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 RCC Policy 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