### Verification of Fieldwork Supervision

**Clinical Fieldwork Supervisor:**

**NBCOT Certification Number:**

**has provided the following fieldwork supervision:**

<table>
<thead>
<tr>
<th>Fieldwork Level:</th>
<th>□ Level I</th>
<th>□ Level II</th>
</tr>
</thead>
</table>

**Number of OTR Students Supervised:**

**Number of COTA Students Supervised:**

**Name of Facility:**

**Dates of Supervision:**

**Signature, Academic Fieldwork Coordinator**

**Print Name**

**Date**