Clinical Fieldwork Supervisor: ________________________________

NBCOT Certification Number: ________________________________

has provided the following fieldwork supervision:

Fieldwork Level: [ ] Level I  [ ] Level II

Number of OTR students supervised: ____________________________

Number of COTA students supervised: __________________________

Name of Facility & Practice Setting: ___________________________

Dates of Supervision: ________________________________

Signature, Academic Fieldwork Coordinator: ______________________

Print Name: _________________________________________

Date:________________________________________