



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: _____