

Verification of Fieldwork Supervision

ID 27 rev020910



National Board for
Certification in
Occupational Therapy

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:

Dates of Supervision:

Signature, Academic Fieldwork Coordinator

Print Name

Date