

**Rocky Mountain University of Health Professions  
Doctor of Occupational Therapy Program  
OT 739 Fieldwork Level I C Educator Attestation Form**

**Fieldwork Site:**

Per ACOTE Standard C.1.1, C.1.3, C.1.6, C.1.7, C.1.8, C1.10. and C.1.11: The Doctor of Occupational Therapy (OTD) Program must document that Academic Fieldwork Coordinators (AFWC) and Fieldwork Educators (FWEs) agree on established fieldwork objectives prior to the start of the fieldwork experience and are prepared for assuming the role of a Level I FWE for Rocky Mountain University of Health Professions (RMU) OTD student(s), I attest that (initial):

\_\_\_\_\_ I have sufficient qualifications and affirm my ability to supervise level I students, or I am currently a licensed professional in the state where the FW level I experience will be occurring.

\_\_\_\_\_ I am willing and able to assist the fieldwork student in achieving all the below objectives.

**Fieldwork Objectives:** Upon successful completion of this fieldwork experience, the student will be able to:

1. Develop an understanding of the basic tenets and theoretical basis of occupational therapy.
2. Communicate and interact appropriately with clients, caregivers, and other professionals through written, verbal, and non-verbal means.
3. Develop an understanding of the importance of working collaboratively with occupational therapy practitioners and other healthcare and educational service providers.
4. Develop an understanding of the occupational therapy process (screening, evaluation, goal setting, intervention planning and implementation (preparatory vs occupation-based), re-evaluation, and/or discharge in a psychosocial setting.
5. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, ethical practice, cultural humility, respectful treatment of others, and reflective/empathetic practice.
6. Demonstrate the ability to identify psychosocial factors impacting a client's occupational performance (through creating an occupational profile with a fieldwork client and sharing in OT 726 if time allows).
7. Develop a treatment plan for a current client and share it in OT 728 (if time allows).

\_\_\_\_\_ I have received RMU's OTD Program Level I C FW objectives and have been given the opportunity to collaborate with RMU's Academic Fieldwork Coordinator (AFWC) to implement mutually agreed upon objectives.

\_\_\_\_\_ I have received, read, and understand the contents of RMU's Fieldwork Handbook for the Doctor of Occupational Therapy Program and acknowledge that I have access to the AFWC and the fieldwork educator resource page on RMU's OTD website.

**FW Level I Site-Specific Objectives**

**Please list or attach any site-specific objectives that your facility uses/requires.**

- 1.
- 2.
- 3.

**I am prepared to supervise a Level I student based on my participation in the following (check all that apply):**

\_\_\_\_\_ Communication with RMU OTD program's AFWC (emails, phone calls, site visits, etc.)

\_\_\_\_\_ Attended a Clinical Educator/FWE Workshop, such as one offered by APTA/AOTA or another entity.

\_\_\_\_\_ Previous role as an FWE. **Number of students supervised:** \_\_\_\_\_

\_\_\_\_\_ Individual research/self-study (journals, self-assessments, etc., on fieldwork and supervision)

\_\_\_\_\_ Completed facility-based fieldwork supervision training/mentoring programs.

\_\_\_\_\_ Attended AOTA Fieldwork Educator Certificate Program.

**Date Attended:** \_\_\_\_\_

\_\_\_\_\_ Completed AOTA "Self-Assessment Tool for Fieldwork Educator Competency."

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

Fieldwork Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Academic Fieldwork Coordinator: \_\_\_\_\_