

Fall 2021 Level II Fieldwork Educator Confirmation Form

This form is the Fieldwork Educator (FWE) Confirmation form. It should be filled out by each Fieldwork Educator individually.

This form serves to:

1. Gather information on the FWEs that is required by ACOTE (Accreditation Council for OT Education).
2. Confirm that Brenau has the correct Fieldwork Educator information for each student.
3. Confirm the status of the Fieldwork Educator's E*Value accounts so the FWE is prepared for time approvals.
4. Confirm the appropriate email for evaluations through Formstack.
5. Confirm Fieldwork Site information such as address, type of facility, etc.
6. Confirm the supervision model to ensure the correct number of CEUs are awarded.

PLEASE note: You will need to have the following information available to complete the form.

- Contact information
- Educational background (degree(s), college/university & years supervising students)
- Specialties/certifications (if applicable)

If you have any questions or difficulties completing this form, please contact Brittany Clements at 678-707-5007 or bclements1@brenau.edu. Thanks!

* Required

1. Email *

2. Student #1 - Name *

You can find this information in the email that contained this link.

3. Student #2 - Name

You can find this information in the email that contained this link.

4. Student #3 - Name

You can find this information in the email that contained this link.

5. Student #4 - Name

You can find this information in the email that contained this link.

6. Student #5 - Name

You can find this information in the email that contained this link.

Fieldwork
Educator
Contact
Information

This section of the form is to collect all information on YOURSELF as the Fieldwork Educator. If there is an additional FWE, he or she will also complete this form.

7. FWE Name *

8. Credentials *

9. License # *

10. Email Address for all Correspondence *

11. Phone # *

12. Years of Experience as OT *

13. Years Supervising Students *

14. Degree(s) *

15. Educational Institution(s) *

16. Specialties/Certifications *

If applicable, please list any specialties or certifications.

17. Do you have an E*Value account? *

E*Value is an online database that is used by FWE to review student(s)' time. If you do not have an existing E*Value account, you will receive a separate email from Brittany Clements (bclements1@brenau.edu) that includes your log-in information and additional instructions to orient you to the system.

Mark only one oval.

- Yes
- No
- Maybe

18. Is there an additional Fieldwork Educator? *

Mark only one oval.

- Yes *Skip to question 19*
- No, I am the only FWE. *Skip to question 19*

Primary
Site
Information

This section of the form is used to collect information on the primary fieldwork site where your student(s) will spend most of their time. If there are multiple fieldwork sites, you will have the opportunity to list those in the next section.

19. Name of Primary Site *

20. Setting Type *

(Example: schools, skilled nursing facility, hand clinic, etc.)

21. Site Street Address *

22. Site City *

23. Site State *

24. Site Zip *

25. Site Phone # *

26. Site Fax #:

27. Is there an additional site? *

Mark only one oval.

Yes *Skip to question 28*

No *Skip to section 6 (Thank you for completing this form!)*

Additional
Site
Information |
Site 2

This section of the form is used to collect information on a secondary fieldwork site. If there is 3rd fieldwork site, you will have the opportunity to list those in the next section.

28. Name of Site *

29. Setting Type *

(Example: schools, skilled nursing facility, hand clinic, etc.)

30. Site Street Address *

31. Site City *

32. Site State *

33. Site Zip *

34. Site Phone # *

35. Site Fax #:

36. Is there an additional site? *

Mark only one oval.

Yes *Skip to question 37*

No *Skip to section 6 (Thank you for completing this form!)*

Additional Site
Information |
Site 3

This section of the form is used to collect information on a third fieldwork site that will be visited by the student during the fieldwork experience.

37. Name of Site *

38. Setting Type *

(Example: schools, skilled nursing facility, hand clinic, etc.)

39. Site Street Address *

40. Site City *

41. Site State *

42. Site Zip *

43. Site Phone # *

44. Site Fax #:

Thank you
for
completing
this form!

Thank you for completing the Fieldwork Educator Confirmation form. We hope that by gathering this information ahead of time, we can ensure a smooth start for both you and your student.

Please remember that the intro packet that contained this link holds a variety of resources that could be helpful to you throughout the semester. Of course you are always welcome to reach out to Brittany (bclements1@brenau.edu) for assistance.

PLEASE NOTE: The intro packet will contain a set of Fieldwork Objectives. Please review with your student on Day 1 and sign so that the student may submit. This is an ACOTE standard and we greatly appreciate your assistance in the completion of this step.

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