

**ACADEMIC FIELDWORK COORDINATOR DATA FORM (NEW PROGRAMS)**

**This form must be submitted to the Accreditation Department (****accred@aota.org****) at least
6 months prior to the assigned date of submission of the Candidacy Application.**

**Submit this completed form and the following to** **accred@aota.org****:**

* **Evidence of hiring (e.g., offer letter, employment contract)**

**Hiring Information:**

**Date the Academic Fieldwork Coordinator is scheduled to start full time:**

**Please check all programs where this new appointment applies:**

[ ]  OTD program [ ]  OTM program [ ]  OTA-B program [ ]  OTA program

**New OT/OTA Academic Fieldwork Coordinator:**

Prefix (e.g., Dr., Ms., Mr.):  Name:

Credentials (e.g., PhD, OTR):

Title:

Program/Department:

College/University:

Address:

City, State, & Zip:

Telephone:

E-mail Address:

**New OT/OTA Academic Fieldwork Coordinator’s Qualifications:**

1. Experience in OT/OTA clinical practice:       years

 Brief description:

2. Highest Degree Earned:

 Date:       College/University:

3. Year of initial national certification (by AOTA/AOTCB/NBCOT) as an OTR or COTA:

4. Current state licensure (indicate state and license/registration number):

**Former Academic Fieldwork Coordinator**

**If applicable, please indicate the name of the Academic Fieldwork Coordinator being replaced:**

 Name:

**Please indicate if the above individual’s access to the program’s record in ACOTE Online (**[**https://acote.aota.org**](https://acote.aota.org)**) should be disabled:**

[ ]  **Yes, please disable access to ACOTE Online**

[ ]  **No, this individual still needs access to ACOTE Online**