

**SITE COORDINATOR DATA FORM**

**Please report any changes by completing the appropriate fields below.**

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

**New OT/OTA Site Coordinator**

Please check all programs where this new appointment applies:

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

 Salutation (e.g., Dr., Ms., Mr.):

 Name:

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

 Title:

 Program/Department:

 Institution:

 Telephone:

 E-mail Address:

 Site Coordinator’s AOTA ID #:

**Former Site Coordinator**

**If applicable, please indicate the name of the Site 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**