

**SITE COORDINATOR DATA FORM**

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

**Submit the completed form to:** [**accred@aota.org**](mailto: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**