



Please return form to:
Brittany Clements
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Fieldwork Educator Confirmation Form

*The Fieldwork Educator Confirmation Form takes the place of the Arrival Form that former Brenau Fieldwork Educators are familiar with. We hope this new (but highly similar) form will allow a smoother start for both parties by ensuring the Fieldwork Educator has the needed E*Value account information and clear instructions ahead of time. If you have any questions, please do not hesitate to contact Brittany Clements (bclements1@brenau.edu).*

Fieldwork Educator Information

Primary Fieldwork Educator Name: _____

Primary FWE Credentials: _____ FWE License #: _____

FWE Email: _____ FWE Phone: _____

Years of Experience as an OT: _____ Years Supervising Students: _____

Degree(s): _____

Academic Program (College/University): _____

Specialties/Certifications: _____

Do you have an E*Value account?

YES NO (if NO, you will receive your login information and E*Value instructions from Brittany Clements once your account is created. The email included above will be used for your account).

Secondary Fieldwork Educator Name: _____

Secondary FWE Credentials: _____ FWE License #: _____

FWE Email: _____ FWE Phone: _____

Years of Experience as an OT: _____ Years Supervising Students: _____

Degree(s): _____

Academic Program (College/University): _____

Specialties/Certifications: _____

Do you have an E*Value account?

YES NO (if NO, you will receive your login information and E*Value instructions from Brittany Clements once your account is created. The email included above will be used for your account).

If there are multiple supervisors, how will supervision be divided? (This ensures the appropriate E*Value set-up and the correct supervision certificates are awarded to each Fieldwork Educator).

- Supervision will be split evenly by both FWEs throughout the semester
- The Primary FWE will supervise the first 6 weeks, the Secondary FWE will supervise the second 6 weeks
- Other: _____

Site Information

Name of Primary Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Site Phone #: _____ Site Fax #: _____

Setting type (i.e. schools, SNF, hands, etc.): _____

Will your student(s) be visiting any additional sites? If so, please list:

Name of Secondary Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Site Phone #: _____ Site Fax #: _____

Setting type (i.e. schools, SNF, hands, etc.): _____

Name of Tertiary Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Site Phone #: _____ Site Fax #: _____

Setting type (i.e. schools, SNF, hands, etc.): _____

Please include any additional information you feel the Brenau FW team should know prior to the rotation: _____

