



## Fieldwork Education PDU Attestation

Licensee Name (Supervisor): \_\_\_\_\_

OTA     OT    License Number: \_\_\_\_\_

Occupational therapy student (name): \_\_\_\_\_

OTA     OT Fieldwork     Level 1     Level 2

College/University: \_\_\_\_\_

Dates of Fieldwork: \_\_\_\_\_ to \_\_\_\_\_

Number of hours as fieldwork supervisor: \_\_\_\_\_

Average hours/week as fieldwork supervisor: \_\_\_\_\_

Co-supervisor(s) (if any): \_\_\_\_\_

Professional Development Units requested: \_\_\_\_\_

(A maximum of 12 PDUs may earned for supervising students per biennial renewal period)

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing above, I declare under penalty of perjury of the laws of the State of California that the information contained on this form is true and correct. I understand any misrepresentation of any item on this form is sufficient grounds for disciplinary action by the California Board of Occupational Therapy.*

### Employer or Fieldwork Coordinator Verification (Information below must be completed by Employer or Fieldwork Coordinator)

Licensee's Employer     Academic Fieldwork Coordinator (Select one)

Facility/College or University: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_