



— ARKANSAS COLLEGES OF —  
**HEALTH EDUCATION**  
SCHOOL OF OCCUPATIONAL THERAPY

**Arkansas Colleges of Health Education  
School of Occupational Therapy**

**Fieldwork Educator Attestation**

I attest that I have viewed and understand the training module, “Introduction for Fieldwork Educators”, from the Arkansas Colleges of Health Education, School of Occupational Therapy. This module is intended to provide information about our curriculum and fieldwork program design and is a resource to enhance and support your supervision of our students during their fieldwork experience(s) at your facility.

\_\_\_\_\_  
Typed name and credentials

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Name of your facility

Thank you for supporting our students and supervising their fieldwork experience. Please reach out if you have any questions regarding our curriculum or fieldwork design.

**Tracey Zeiner, OTD, OTR/L, CLA, CAPS**  
Assistant Professor and Academic Fieldwork Coordinator