

THE UNIVERSITY OF FINDLAY
DOCTOR OF OCCUPATIONAL THERAPY PROGRAM

Acknowledgment of Ability to Support the Fieldwork Experience

I _____ acknowledge that I have received, reviewed, and understand
(Print Name)
the curriculum and fieldwork program design of The University of Findlay, Doctor of Occupational
Therapy Program and verify that I am able to support the student's fieldwork experience.

Fieldwork Educator (Signature)

Date