Western NY OT Fieldwork Consortium

**Fieldwork Supervision**

**Continuing Competency Narrative Account**

|  |  |
| --- | --- |
| Your Name: |  |
| OT Credential: |  | OT/OTA License #: |  |
| Fieldwork Dates | Start: |  | End:  |  |  Type: | OT [ ]  OTA [ ]  |
| Level of Fieldwork | Level I: |[ ]  Level II: |[ ]  Capstone: |[ ]
| Academic Program: |  |

**Professional Development Goals:**

Consider developing up to 4 learning goals to reflect your fieldwork supervision preparation and learning. These goals can then help to direct and justify your time and efforts engaged in meeting these goals (boxes expand as text is added).

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| --- | --- | --- |
|  | **Goals:** | **Possible Preparation/Learning Activities** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | Time **Start** | Time **End** | **Goal #** | **Narrative Description of****Preparation/Learning Activities** | **Outcome** | **# Hours** |
| Boxes expand as text is added. |
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| **3 hours of preparation and learning = 1 NYS Continuing Competency Unit (CCU) TOTAL HOURS** |  |