

Personal Data:

Revised: March 21, 2019

Department of Occupational TherapyPless Hall, 82 Washington Square East, 6th Floor
New York, NY 10003

P: 212 998 5825 **F:** 212 995 4044

occupational.therapy@nyu.edu

LICENSURE DATA FORM

Name: ______ SS# and N#: _____ Date of Birth: _____ Phone Number: ____ NYU Email: ______ Alternate Email: _____ Temporary or Permanent Address: Last Day Fieldwork Date Degree will be/was Awarded: II was Completed: List Site Names and Addresses of Fieldwork II (Level II) Placements Below: 1) Name: _____ Supervisor(s): Beginning Dates: _____ End Dates: _____ 2) Name: _____ Supervisor(s): Beginning Dates: _____ End Dates: _____ More than two fieldwork sites, please write your third Level II Fieldwork on the back of this form. Today's Date: