



Application for Partnership with Ameritech's OTA Program

Please fill in the following information and submit to abrower@ameritech.edu

Fieldwork Site Information

FW Site Name					
Address					
City		State		Zip	
Phone		Fax		URL	
Contact Person		Email		Phone	
DOR/Credentials		Email		Phone	

Clinical Staff Information

Name, followed by credentials	Highest Degree Earned	Licensure State(s) and number	Years of Clinical Practice	Years as a FWE	Certifications	Full Time Employee?