

**Fax Transmittal**  
**Fieldwork Objectives Memo**  
University of New Mexico  
Occupational Therapy Graduate Program

Phone: (505) 272-3455

Fax: (505) 272-3583

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**To:**

Sue Iliff, MA, OTR/L  
Academic Fieldwork Coordinator  
[siliff@salud.unm.edu](mailto:siliff@salud.unm.edu)  
MSC09 5240, 1 University of NM  
Albuquerque, NM 87131

Christina Garcia  
Academic Advisement Coordinator  
Staff Fieldwork Coordinator  
[ChristinaGarcia@salud.unm.edu](mailto:ChristinaGarcia@salud.unm.edu)  
(505) 272-6967

**From:**

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\_\_\_\_\_  
\_\_\_\_\_

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Fax: (505) 272-3583

Page(s):

Phone: (505) 272-3455

Date:

Re: Level II FW objectives

cc:

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I have read, agree with and will use the UNM Occupational Therapy Graduate Programs' Level II Fieldwork objectives.

I will use our sites' Level II Fieldwork objectives. I agree to fax a copy of the objectives with this sheet which will be included in the fieldwork files maintained by the UNM OT Graduate Program.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature and Date

\_\_\_\_\_  
AFWC Name (print)

\_\_\_\_\_  
AFWC Signature and Date