

Out-of-State/Area Fieldwork Request

By submitting this request, you are prioritizing location for your Level II fieldwork experience. Please turn in your completed request form and communicate with the Academic Fieldwork Coordinators in the practice areas in which you are eligible for Level II fieldwork.

Name: _____ Email: _____

Cohort (circle one): A B C Phone: _____

Desired geographic location(s): (Be specific i.e., neighborhoods, town or address if available etc.):

Living arrangements: (check all that apply)

_____ Staying with family _____ Living arrangements are confirmed
_____ Staying with friends _____ Living arrangements are unconfirmed
_____ I'll find something. Please give further details: _____

Transportation: (check all that apply)

_____ Will drive a car
_____ Will use public transportation
_____ Other (describe): _____

Eligible Practice Areas: (select two)

_____ Pediatrics _____ Mental Health _____ Adult Physical Rehabilitation

This request sets in motion a process that includes outreach to existing and/or new fieldwork sites and potential negotiation of a student affiliation agreement, which may take several months to complete. The USC OT Fieldwork Team cannot guarantee that this request will be fulfilled; however we will make every effort to secure a placement. It is the responsibility of the student to work with the Academic Fieldwork Coordinator(s) to identify possible fieldwork sites in the desired location and potential practice areas.

Student's Statement of Commitment: By signing this document, I agree to accept the fieldwork placement that the USC OT Fieldwork Team arranges for me, a process initiated by this request. **In the event that I decline the placement that is secured for me, I understand that my new request will be considered only after all students receive an initial placement.**

Signature: _____ Date submitted: _____

Print Name: _____ Email form to otfw@chan.usc.edu