Out-of-State/Area Fieldwork Request

In 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: ____________________________ E-mail: ____________________________
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 2):

_____ 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: ____________________________