

Healthcare Management Fieldwork Application

Name: _____

Due Date: _____

C#: _____

Date Submitted: _____

Fieldwork Semester: _____

Adviser: _____

Cortland Email: _____

Phone: _____

Minor (if any): _____

Eligibility Criteria

_____ GPA is 2.5 or above; Current GPA _____

_____ Good academic standing (not on academic probation)

_____ All required HCM degree courses are completed

_____ No Incompletes (INC) or late grades (LG)

List areas of focus or experiences you are interested in having as part of your fieldwork.

Primary (or First Quarter) Agency Information

Agency Name: _____

Address: _____

Contact Person's Name and Title: _____

Contact Person's Email: _____

Contact Person's Phone: _____

Back-Up Agency Information

NOTE: The Health Department recommends all students identify a back-up placement in the event that the planned placement does not work out. Although unlikely in most cases, it is typical for at least one planned placement to fall through every semester. These have the potential to delay fieldwork to a later semester.

Agency Name: _____

Address: _____

Contact Person's Name and Title: _____

Contact Person's Email: _____

Contact Person's Phone: _____

Second Quarter Agency Information (if applicable)

Agency Name: _____

Address: _____

Contact Person's Name and Title: _____

Contact Person's Email: _____

Contact Person's Phone: _____