

Healthcare Management Fieldwork Application

Name: _____

Due Date: _____

C#: _____

Date Submitted: _____

Fieldwork Semester: ___ **Fall** ___ **Spring** ___ **Summer 20**___

Adviser: _____

Cortland Email: _____

Phone: _____

Minor (if any): _____

Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.

Eligibility Criteria

_____ My GPA is 2.5 or above; Current GPA _____

_____ I am in good academic standing (not on academic probation)

_____ I have completed all required HCM degree courses, OR currently enrolled in the remaining required HCM degree courses

_____ 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: _____

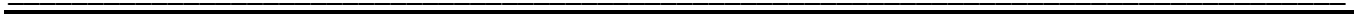
Back-Up Agency Information

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: _____



This section will be completed by the HCM Fieldwork Coordinator

Affiliation Agreement

Required On file On file, but needs HCM Addendum
 Not Required

Contact for Affiliation Agreement

Name: _____
Title: _____
Email: _____
Phone: _____