

**Healthcare Management Fieldwork
Intent to do Fieldwork**

Fall **Spring** **Summer Semester of the year 20__.**

Name _____ C# _____
(last) (first) (M.I.)

Cortland Address _____

Telephone Number _____

Cortland E-Mail _____

Permanent Address _____

Telephone Number _____

Emergency Contact Info: NAME + PHONE NUMBER (PARENTS/SPOUSE/ETC.)

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

___ I have attended the mandatory pre-fieldwork planning meeting.

___ I understand that it is my responsibility to secure a placement for fieldwork.

___ I will consider my financial and housing arrangements to meet the needs of the fieldwork requirement.

___ I must be in the location of my fieldwork for the entirety of the fieldwork. *Virtual exceptions will only be made under extenuating circumstances (i.e. covid).*

As of this date, I am on track to meet the eligibility requirements of the Department. I intend to complete my internship in the Healthcare Management Program during the:

___ **Fall** ___ **Spring** ___ **Summer Semester of the year 20__.**

(Signature) _____ (Date) _____

Form Updated 9/13/2021