

HEALTH FIELD EXPERIENCES FIRST WEEK SHEET

It is **very** important that this sheet be filled out and returned to the College supervisor within **ONE WEEK** after you are on the job in the field.

Student Name: _____	Cortland ID: _____
Date Submitted: _____	Current Phone: _____
College Supervisor: _____	Current Email: _____

Address During Field Experience: _____ _____
Telephone Number: _____

Permanent Address: _____ _____

Name of Field Institution or Organization: _____
Address: _____ _____
Telephone Number: _____ Email: _____
Agency Supervisor Name: _____
Supervisor Phone Number: _____

Your Work Schedule* (Days, Hours) _____
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*If you do not know the exact times you will be working as of the first day, send the basic plan and then supply the Department with a corrected schedule as soon as possible.