

Community Health Fieldwork Application

Name _____

Date Due: _____

C-# _____

Date Submitted: _____

Fieldwork Semester: _____

Advisor: _____

Cortland Email: _____

Phone: _____

Academic concentration (if any): _____

Eligibility Criteria for Fieldwork

_____ GPA is 2.5 or above; Current GPA: _____

_____ Good academic standing (not on academic probation)

_____ All required HLH courses are completed, including electives

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

Area(s) of focus during fieldwork. Check all that apply.

_____ Community health education and outreach

_____ Clinical healthcare (OT/PT, nursing, PA, dietician, medical imaging)

_____ Healthcare administration

_____ Environmental health

_____ Epidemiology

_____ Wellness and health promotion

_____ Human services/social work

_____ Other: _____

Primary (or First Quarter) Agency Information

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 that 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 events have the potential to delay fieldwork to a later semester.

Name: _____

Address: _____

Contact person's name and title: _____

Contact person's email: _____

Contact person's phone: _____

Second Quarter Agency Information (if applicable):

Name: _____

Address: _____

Contact person's name and title: _____

Contact person's email: _____

Contact person's phone:
