

**Occupational Therapy Program
University at Buffalo, State University of New York
Level II: Fieldwork Request Form
Level IIA OT 620 April-June**

Name _____ Date _____

Phone Number _____ Email Address _____

Local Address _____

Permanent Address _____

Reliable housing options other than permanent address or in WNY _____

Preferred geographical location and why _____

Rank order your interests in clinical settings:

_____ **Adult Physical Disabilities**

_____ Hospital (acute care or medical rehab unit)

_____ Rehab outpatient services

_____ Assisted living/long term care

_____ Subacute/long term care

_____ Other _____

_____ **Mental Health**

_____ Inpatient

_____ Outpatient

_____ **Hand Therapy**

_____ **Pediatric**

_____ Hospital

_____ Private Practice

_____ **Other**

_____ Adult DD

_____ Home care

_____ Assistive Technology

Name _____

Date _____

List 5 preferred sites and indicate reasons for choosing them.

Preferred Site	Reason
1.	
2.	
3.	
4.	
5.	

Additional Comments
