

**Occupational Therapy Program  
University at Buffalo, State University of New York  
Level II: Fieldwork Request Form  
Level IIB OT 621 January-March**

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

\_\_\_\_\_ Preschool

\_\_\_\_\_ School-based

\_\_\_\_\_ **Other**

\_\_\_\_\_ Adult DD

\_\_\_\_\_ Home care

\_\_\_\_\_ Assistive Technology  
\_\_\_\_\_ Emerging Practice

Name \_\_\_\_\_

Date \_\_\_\_\_

List 5 preferred sites and indicate reasons for choosing them.

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

Additional Comments

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