

**AOTA HEADQUARTERS LEVEL II FIELDWORK EXPERIENCE APPLICATION**

# APPLICANT INFORMATION

|  |  |
| --- | --- |
| Name: | AOTA Member #: |
| Mailing Address: |
| City: | State: | Zip Code: |
| Phone: | Email: |

**PROGRAM INFORMATION**

|  |  |
| --- | --- |
| School name: | City/State: |
| Capstone Coordinator name: | Credentials: |
| Phone: | Email: |
| Memorandum of Understanding with AOTA: [ ]  Yes [ ]  No [ ]  In Process |
| **Student Fieldwork Level II Placements**: |
| **Faciltity Name** | **Location (City/State)** | **Dates** (m/yyyy) | **Practice Area** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**BACKGROUND**

|  |
| --- |
| **Previous Education** |
| **School Name** | **Dates** | **Degree/Major** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Relevant Work Experience** |
| **Employer** | **Dates** | **Brief description of work** |
|  |  |  |
|  |  |  |
|  |  |  |

**PLACEMENT REQUEST** *(indicate your 1st and 2nd choice)*

|  |  |  |
| --- | --- | --- |
| **1st** | **2nd** | **Department** |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ]   | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Federal Advocacy *(Third Level II experiential placements only. Minimum of 10 weeks).*Practice Engagement and Capacity Building (Behavioral Health, Community & Population Health, Diversity, Equity, and Inclusion initiatives)Practice Improvement (Evidence-Based Practice, Quality, Knowledge Translation).  Professional DevelopmentAcademic AffairsConferences & EventsMarketing & Business Operations*\*.* |
| **Length of placement desired:** [ ]  6 weeks [ ]  8 weeks [ ]  10 weeks [ ]  12 weeks [ ]  Other (specify): \_\_\_\_\_\_**Dates desired**: mm/dd/yyyy – mm/dd/yyyy |
| **References** |
| Ref. #1 | Name:  | Title | Affiliation: |
|  | Phone: | Email: |  |
| Ref. #2 | Name: | Title: | Affiliation: |
|  | Phone: | Email: |  |

**ESSAY:**

Describe your interests; a description of prior (or anticipated) fieldwork experiences; information about related projects or activities; and the rationale for requesting an AOTA fieldwork experience, as well as expectations and objectives for the experience.

**Email application and two reference letters to Academic Affairs at** **fwapplications@aota.org**.

**AOTA Staff Use Only:**

[ ]  2 Reference Letters

[ ]  Contract in Place Reviewed by Academic Affairs

[ ]  Interviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

[ ]  Accepted [ ]  Denied

Supervisor:

Department:

Start Date:

HR: