

**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** |
|  |  |  |  |
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|  |  |  |  |

**BACKGROUND**

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

**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 Development  Academic Affairs  Conferences & Events  Marketing & 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**](mailto: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: