

Healthcare Management Fieldwork INTENT Form

Name _____ C# _____
(last) (first) (M.I.)

Cortland Address: _____

Telephone Number: _____

Cortland E-Mail: _____

Emergency Contact Info:

Name + phone number (parent/guardian/spouse/family member etc.)

Please read and initial each of the following statements. By initialing you indicate that you have read, understand and agree to each one.

___ I have attended the mandatory pre-fieldwork planning meeting.

___ I understand that it is **MY** responsibility to secure a placement for fieldwork.

___ I will consider my financial and housing arrangements to meet the needs of the fieldwork requirement (i.e. paid/unpaid placements, shortening or extending a rental lease if necessary)

Please answer the following questions:

1. Will you be an athlete during your fieldwork semester? ___ Yes ___ No

*If yes, please note you **MUST** complete the **ATHLETE** form, due 09/01 (SPR FW) OR 02/01 (FALL FW)*

2. Which area (location-wise) are you thinking about completing your fieldwork?

3. Which HCM area(s) are you most interested in? (i.e. quality, HR, finance, operations, etc.)

_____ OR

___ completing a rotation OR ___ not sure at this time

As of this date, I am on track to meet the eligibility requirements of the Department. I intend to complete my internship in the Healthcare Management Program during the:

___ Fall ___ Spring ___ Summer semester of the year 20___.

(Signature) _____ (Date) _____