

FLORIDA INTERNATIONAL UNIVERSITY
Nicole Wertheim College of Nursing and Health Sciences
Occupational Therapy Department
Fieldwork Facility Selection Form
Level II – Fall

INSTRUCTIONS: Please PRINT your name and current information below as well as your fieldwork site choices in equal order of preference. Placement will be assigned based on availability.

Name: _____

Address: _____

Phone: _____

Email: _____

Languages: _____

Please circle one or both: **Speak / Understand**

Where did you complete your 1 month fieldwork?: _____

Date of Internship: _____

Please type or print neatly facility name and address

1: _____

2: _____

3: _____

4: _____

5: _____

Please return to Dr. Alma Abdel-Moty by the due date.

If you have any questions, stop by my office AHC3-421A or email me at abdela@fiu.edu