



## Occupational Therapy Fieldwork Memorandum of Understanding

*Please read each statement, initial each statement, and then print and sign your full name at the bottom.*

\_\_\_ I understand that at least one, and possibly both, of my Level II Fieldwork placements will be outside the state of Georgia and/or my state/area of preference.

\_\_\_ I understand that the options for my Fieldwork placement must be from the list of Fieldwork sites with which the Occupational Therapy department at AU has clinical education agreements (or pending a new finalized contract) and which have agreed to reserve a placement for an AU OT student for the appropriate time slot.

\_\_\_ I understand that I am responsible for travel and living arrangements for my Level I and Level II Fieldwork rotations. I understand that I am solely responsible for any deposits that may be forfeited in the event of placement cancellations.

\_\_\_ I understand that I may bear the expense for additional background checks, drug testing, uniforms, or other requirements of my specific Fieldwork site. This can include charges totaling \$20-\$200 or more.

\_\_\_ I understand that even though I will have the opportunity to express my preferences, my Level II Fieldwork placements will be chosen for me by the Academic Fieldwork Coordinator and AU faculty. If I decline a placement, a secondary placement is not guaranteed and my graduation could be delayed.

\_\_\_ I understand that should I sign a letter of intent for employment with a facility, I will be unable to use that facility as a Level II placement.

\_\_\_ I understand that to avoid a conflict of interest, I will not be able to be placed at a site where a relative is working.

\_\_\_ I understand that there are possible unforeseeable external and internal situations and factors that could cause a change to a scheduled fieldwork at any time.

\_\_\_ I have/will have discuss(ed) all of these issues with those persons important to me.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**COLLEGE OF ALLIED HEALTH SCIENCES**  
*Department of Occupational Therapy*