Slippery Rock University

Department of Counseling & Development

CDEV PAID **FIELDWORK** FORM

INSTRUCTIONS: To be completed by the organizational person administratively responsible for the field experience, and returned to Slippery Rock University.

This is to certify that *Click here to Student’s full name.* has been accepted to complete a field experience with:

Company Name: *Click here to enter company/organization’s name.*

Company Address: *Click or tap here to enter text.*

Supervisor: *Click here to enter full name.* Title: *Click to enter title.*

Supervisor Email: *Click here to enter EMAIL.* Work Phone: *XXX-XXX-XXXX*

Slippery Rock University students completing fieldwork for the Dept. of Counseling & Development are responsible for providing all required documentation of the field experience to obtain academic credit. Requirements vary by program, but often include verified hours logs and fieldwork supervisor evaluation. Students are responsible for understanding and complying with all program/degree requirements.

List student’s duties (Brief description): *Click here to enter duties.*

Anticipated number of hours/week student will work: *Click here to enter text.*

Will the student receive a salary/compensation? *Click here to enter text.*

Will the student have paid holidays? (Memorial Day; Fourth of July; Labor Day) *Click here to enter paid holidays.*

List ALL states the student may be asked to travel to: *Click here to list states.*

Beginning Date (month, day, year): *Click here to enter start date.*

Ending Date (month, day, year): *Click here to enter end date.*

PRIOR to starting the field experience, what insurance, if any, did the organization inform the student they need to purchase?

*Click here to enter required insurances.*

PRIOR to starting the field experience, what drug tests or background checks, if any, did the organization inform the student they must undergo?

*Click here to enter required tests or background checks.*

Slippery Rock University, of Pennsylvania, of the State System of Higher Education, Commonwealth of Pennsylvania, enters into no relationship with the organization; assumes no liability to the organization for the student; and waives no right, claim or defenses which arise as a matter of law by acceptance of this verification form or other information from the organization.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *Click here to enter a date.*

Typed Name: *Click here to enter name.* Title: *Click here to enter title.*

**Return via Email to**: Lori Marttala, Department Secretary at [**lori.marttala@sru.edu**](mailto:lori.marttala@sru.edu)

Revised March 29, 2021