UNI SOCIAL WORK DEPARTMENT
OUT OF STATE/INTERNATIONAL FIELD PLACEMENT
ACKNOWLEDGEMENT
(January 2015)

PLEASE PRINT
Student Name: ____________________________________________

Location of Field Placement: ____________________________________

Time of Field Placement: ______________________________________

I have chosen to complete my social work field placement outside the state of Iowa or at an international site. I have worked with the Director of Field Instruction on making the necessary arrangements for this to be an approved field placement experience. By signing below, I acknowledge that I know and understand I am responsible for all expenses that are associated with securing my own living arrangements, transportation to and from the location, ongoing living expenses, and any costs incurred by me or others on my behalf relating to the field placement, such as liability insurance, malpractice insurance, background checks and/or specialized training or other required training. I will remain in contact with the Director of Field Instruction if an emergency situation occurs relating to the field placement experience. In addition, if the out of state or international field placement would be disrupted, I will work with the Director of Field Instruction to secure another approved field placement experience in that area or in another location, which may be local to the university. I understand that a field placement disruption may impact the timely manner in which I can complete the required field placement experience hours, may result in additional cost/expense to me, may delay my intended graduation date and/or may result in nonrefundable tuition paid.

__________________________________________  ________________________
Signature                                      Date