

Out of Area Agreement

**NEW YORK INSTITUTE OF TECHNOLOGY
ENTRY LEVEL DOCTORATE IN PHYSICAL THERAPY PROGRAM
CLINICAL EDUCATION OUT – OF – AREA AGREEMENT**

Clinical Education I II III IV (circle one)

Geographic Location (city, state) _____

I, _____, understand that once I have requested a clinical placement at a site that is out of the local area from NYIT, I am committed to attend the clinical experience. I understand that I am responsible for and have the resources for all financial considerations for this experience, including but not limited to housing, food, and transportation. I agree to this commitment and understand that it is not contingent upon any of my classmates' clinical arrangements.

I understand that the only reason this clinical experience can be cancelled is due to an inability to negotiate a contract with the site, or if the clinical site cancels due to issues related to staffing, supervision, or administrative matters.

Reason for the out of state placement request:

_____ It is my hometown

_____ It is an area I am considering for relocation after graduation

_____ I have family/friends/housing in the area

_____ I am interested in this particular site(s)

_____ Other: _____

Student Signature _____

Date _____