Instructions: Advanced planning for any community outreach activity is required by OUCN. Please submit this form to the Assistant Dean at least two weeks prior to the community outreach activity. Application of clinical practice skills must be checked off in the professional practice lab prior to the activity. Any use of equipment and supplies must be approved in advance by the Assistant Dean in collaboration with the PPL Coordinator. A contingency plan for supervision of the activity by a licensed professional must be identified in the "comments" section of this authorization form. Thank you for your cooperation.

I, _________________________________, will participate

(Name of student/student organization)

in the following non-academic clinical activity at the following agency:

agency: _______________________________ at __________________________

(Description of activity) (Name of agency)

on (dates) ______________________ from (time) ____________

at (location) ______________________ phone ____________________

in order to (description of activity purpose) ____________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

MAC 9/28/00, Revised, Administrative Council 10/17/00