Maryland Higher Education Commission Field Placement Report

For Placement of Five (5) or Fewer Students in Field Placements
Reporting Period: April 1 - March 30
Deadline: May 30

In accordance with COMAR 13B.02.01.11(E):
If the institution has no more than five Maryland students in a single program at one or more sites in the State in a supervised internship, practicum, or field experience as a required part of a degree or certificate program, submit to the secretary by June 30th of each year, an annual report detailing the number of students placed at each internship, practicum, or field experience location, in a form and manner required by the Secretary.

This Report shall be governed by and construed in accordance with the laws of the State of Maryland. The Field Placement Report covers placements from April 1st through March 30th.

NOTE: No more than five (5) placements per program can be made for April 1st through March 30th. For any programs with more than five (5) placements per program a Certificate of Authorization is required.

Please complete this Institutional reporting form for each program offered.

Click the SUBMIT button at the bottom of the page. After clicking SUBMIT a popup message will confirm MHEC receipt of the report.

* Required

1. **Institution Name** *
   Enter Name of Institution

2. **OPEID (8digits)** *
   http://goo.gl/u2AWFs

3. **Program Title** *

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4. Award Level *
   Mark only one oval.
   - [ ] A.A
   - [ ] A.A.S.
   - [ ] A.D.N.
   - [ ] A.F.A.
   - [ ] A.S.N.
   - [ ] B.A.
   - [ ] B.F.A.
   - [ ] B.S.
   - [ ] D.N.P.
   - [ ] M.A.
   - [ ] M.B.A.
   - [ ] M.Ed.
   - [ ] M.F.A.
   - [ ] M.S.
   - [ ] M.S.N.
   - [ ] M.P.A.
   - [ ] M.H.A.
   - [ ] Ph.D.
   - [ ] MSW
   - [ ] Other

5. Is 51% of the program offered online? *
   Mark only one oval.
   - [ ] Yes
   - [ ] No

6. Academic Period *
   Mark only one oval.
   - [ ] Quarter
   - [ ] Semester
   - [ ] Rolling
   - [ ] Other: ____________________________________________

7. Site Location #1 *
   ____________________________________________
8. **Number of Placements** *
   
   *Mark only one oval.*
   
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5
   ☐ Other: ____________________________________________________________

9. **Site Location #2**

   ..................................................................................................................

10. **Number of Placements**
    
    *Mark only one oval.*
    
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5
    ☐ Other: ____________________________________________________________

11. **Site Location #3**

    ..................................................................................................................

12. **Number of Placements**
    
    *Mark only one oval.*
    
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5
    ☐ Other: ____________________________________________________________

13. **Site Location #4**

    ..................................................................................................................
14. **Number of Placements**  
*Mark only one oval.*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] Other: 

15. **Site Location #5**

16. **Number of Placements**  
*Mark only one oval.*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] Other:

17. **Site Location #6**

18. **Number of Placements**  
*Mark only one oval.*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] Other:

19. **Site Location #7**


20. **Number of Placements**

*Mark only one oval.*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] Other:

21. **Site Location #8**

22. **Number of Placements**

*Mark only one oval.*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] Other:

23. **Site Location #9**

24. **Number of Placements**

*Mark only one oval.*

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] Other:

25. **Site Location #10**


26. **Number of Placements**
   
   *Mark only one oval.*
   
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] Other: ____________________________________________

**Form Completed By**

27. **Name** *

   ____________________________________________

28. **Title** *

   ____________________________________________

**Certification:** I certify that the information submitted on this file is correct and true to the best of my knowledge.

29. **Name** *

   Digital Signature of Chief Executive Officer/President

   ____________________________________________

30. **Title** *

     ____________________________________________

31. **Phone** *

     ____________________________________________

32. **Address Line 1** *

    Street Address, P.O. box, Institution Name, c/o

     ____________________________________________

33. **Address Line 2**

    Suite, Unit, Building, Floor, etc.

     ____________________________________________