

Clinical Hours Policy

Unpaid clinical rotations conducted at an affiliated site are generally not considered to be employment, provided that the clinical rotations meet certain criteria. As a result, F-1 International Students often do not require the issuance of Curricular Practical Training (CPT) in order to participate in approved, unpaid clinical rotations required for the completion of their degree program. Notwithstanding the foregoing, the University will examine each such clinical rotation on its own merits, utilizing the U.S. Department of Labor's Fair Labor Standards Act (FLSA) test to determine whether the clinical rotation is primarily for the benefit of the student or if it instead constitutes "employment." Under the FLSA, a clinical rotation is primarily for the benefit of the student and is not employment if all of the following criteria are met:

1. The clinical rotation, even though it includes actual operation of the facilities of the employer, provides training similar to that which would be given in a vocational school;
2. The training is for the benefit of the students;
3. The students do not displace regular employees, but work under close supervision;
4. The employer that provides the training receives no immediate advantage from the activities of the students and, on occasion, his operations may even be impeded;
5. The students are not necessarily entitled to a job at the conclusion of the training period; and
6. The employer and the students understand that the students are not entitled to wages for the time spent in training.

All F-1 International Students needing to engage in clinical hours/rotations will be required to submit the Clinical Hours Application Form to the Office of Immigration each semester prior to beginning any clinical rotation. Should it be determined that the clinical rotation does not meet all of the above listed criteria, or if an affiliation agreement is not in place with the clinical site, students will be required to apply for and receive CPT authorization prior to starting their clinical hours/rotations.

Clinical Hours Application Required Documents:

- Student Request Form
- Copy of current I-20
- Clinical Hours Recommendation Form completed by student's academic advisor and department chair

Clinical Hours Student Request Form

Student Name: _____

Jag Number: _____

Email: _____

Please check one: I request authorization for _____ part-time (20 hours or less per week) or _____ full-time (more than 20 hours per week)

Clinical Hours/Rotations at

(Name of company or organization)

(Street Address)

(City, state and zip code)

From (start date) _____ to (end date) _____. I understand that clinical hours shall be used only to fulfill curricular requirements and NOT to gain general experience. Additionally, I understand that I may begin my clinical experience only after I have received approval from the Office of Immigration. Any clinical experiences that are not conducted at an affiliated site or which result in receipt of compensation require the application for and prior approval of Curricular Practical Training (CPT).

If the need for clinical hours is based on enrollment in a course, I will enroll in the course for the _____ semester. Any changes must be reported to the Office of Immigration before I continue any clinical hours.

Signature

Date

Jag ID #

Clinical Hours RECOMMENDATION FORM

Please print or type.

Clinical Hours Recommended for: _____
(Name of Student)

Clinical Site Name: _____ Number of hours to be worked per week: _____

Has the student finished all program requirements? _____ Expected completion date of degree requirements: _____

(The time period may not exceed one semester)

I recommend authorization for the following time-period: from _____ to _____.

Please verify that each of the following is true (initial by each):

_____ This clinical experience is required of all students in this degree and major field of study.

_____ This Clinical Site is part of a formal affiliation agreement with the University of South Alabama

_____ The student will not receive any form of compensation or wages for the time spent in training

How do the clinical hours meet the academic objective of this student's program and how will progress be monitored? Attach letter if more room is needed.

Signature of academic advisor: _____ Date: _____

Printed name: _____

Signature of Department Chair or Dean: _____ Date: _____

Printed name: _____ Department Name: _____

Please return completed form to the Office of Immigration