

**AGREEMENT FOR CLINICAL EDUCATION In Speech Pathology Or Audiology Of  
Communicative Sciences And Disorders Students Enrolled At  
Alabama A&M University**

This agreement, made and entered this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between

\_\_\_\_\_  
(facility(ies) \_\_\_\_\_)

hereinafter known as the “Practicum Supervisor” and the Alabama A&M University, Program of Communicative Sciences and Disorders (hereinafter known as “Area CSD”) is felt by the aforesaid parties to be of mutual interest and advantage for selected students of the aforesaid Area CSD (hereinafter known as “Students” of Area CSD) in that they will be provided quality clinical education experiences in speech pathology or audiology with the Practicum Supervisor and/or their contracted sites.

The term of this agreement shall begin on the date first above specified and shall continue until such time as either party hereto has terminated such agreement by advising the other party of its intent to terminate in writing at least 30 days prior to the desired termination date. This agreement may be modified by mutual consent at any time.

It is further agreed by the aforesaid parties that:

**I. MUTUAL RESPONSIBILITIES**

A. The Practicum Supervisor will accept students selected by the Area CSD and agreed upon by the Practicum Supervisor for a period of clinical education and/or portions of professional work requiring clinical exposure and practice. The nature of the experience shall be individually arranged by the Area CSD Clinic Director with the Practicum Supervisor within the stated philosophy and objectives of the Area CSD and the Practicum Supervisor. Students will provide proof of liability insurance coverage prior to beginning their externship experience with the assigned Practicum Supervisor.

B. The time periods and number of students assigned during any one clinical training period will be mutually agreed upon by the Area CSD and Practicum Supervisor. Students will be given clock hour credit only for the direct service portion of any and all therapy sessions (ex. if direct service were 10 minutes it would be recorded as such on the record form). Observation hours must be recorded on the clinical report as observation hours, and will not be used for clock hours for ASHA certification. These forms will be kept by the clinician and returned directly to the Clinic Director.

C. The Area CSD and the Practicum Supervisor will be mutually responsible to conduct orientations to students of the policies, rules and regulations of the Practicum Supervisor and advising the student of their responsibilities to abide by such policies, rules and regulations while assigned by the Practicum Supervisor.

D. The Area CSD maintains the privilege to visit the Practicum Supervisor before, after and/or during the clinical education periods.

E. The Area CSD will consider suggestions from the Practicum Supervisor regarding curriculum improvement.

F. The Practicum Supervisor will have authority to request the Area CSD to immediately withdraw any student whose performance is unsatisfactory or whose characteristics and activities are detrimental to the Practicum Supervisor carrying out their responsibilities.

H. The Area CSD and Practicum Supervisor agree that there shall be conducted at least one meeting annually in respect to the activities of the Clinical Education Program and evaluation of the benefits being accomplished thereunder.

I. The Area CSD and Practicum Supervisor shall not discriminate against any student on the basis of race, color, creed, and national origin, religion, sex, sexual preference, or on the basis of handicap, if such student is a qualified handicapped student.

## **II. DEPARTMENT RESPONSIBILITY**

A. The Area CSD shall give adequate notice to the Practicum Supervisor of the student assignment for clinical education.

B. The Area CSD shall reserve the right to revise any student assignment prior to the student's entry in to the Practicum Supervisor's clinical education program.

C. The Area CSD shall provide the student evaluation forms and other forms necessary for the clinical education program.

D. The Area CSD reserves the right to withdraw a student from an assigned clinical education experience with the Practicum Supervisor when, in the Area CSD's judgment, the clinical experience does not meet the needs of the student.

E. The Area CSD shall provide the Practicum Supervisor with opportunities to participate in conferences and programs conducted by the Alabama A&M University Program of Communicative Sciences and Disorders which are related to Speech-Language Pathology.

## **III. PRACTICUM SUPERVISOR RESPONSIBILITY**

A. The Practicum Supervisor shall provide clinical education experiences in speech pathology or audiology as stated within the framework of the objectives and philosophy of the Area CSD.

B. The Practicum will have sole and primary responsibility for patient care and treatment. The student will participate in providing, but will not be solely responsible for,

patient care and other speech language therapy or audiology services rendered with the Practicum Supervisor as part of the student's experiences.

C. The Practicum Supervisor shall provide the student with opportunities to participate in conferences and programs conducted by the Practicum Supervisor which are related to Speech-Language Pathology.

D. The Practicum Supervisor shall provide the physical facilities and equipment necessary for the clinical education experience.

E. The Practicum Supervisor shall complete forms requested by the Area CSD which relate to the clinical education program within requested time limits.

F. The Practicum Supervisor shall assist in obtaining the necessary emergency care to students or faculty members in the event of sudden illness or injury, the costs of such care to be the responsibility of the student or faculty member receiving such care.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed.

**PRACTICUM SUPERVISOR**

\_\_\_\_\_  
SUPERVISOR

DATE \_\_\_\_\_

**ALABAMA A&M UNIVERSITY**

\_\_\_\_\_  
CLINIC DIRECTOR

DATE \_\_\_\_\_

\_\_\_\_\_  
CSD PROGRAM DIRECTOR

DATE \_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT CHAIR

DATE \_\_\_\_\_

\_\_\_\_\_  
DEAN, SCHOOL OF EDUCATION

DATE \_\_\_\_\_

\_\_\_\_\_  
VICE PRESIDENT OF ACADEMIC AFFAIRS

DATE \_\_\_\_\_