

Student Agreement

I have read the *Clinical Center Policies and Procedures for Student Clinicians* and understand the contents including general Clinical Center policies, the need to complete paper work (i.e., Encounter Forms, progress notes and transfer/closing summaries) in a timely manner, and how to manage client crises. I have read the section entitled "Confidentiality Policies and Procedures" and agree to follow these policies and procedures. Further, I agree to abide by the current ethical and practice standards of the professional society for my discipline (e.g., ASHA, APA, CACREP, and NASW). I recognize that failure to follow these rules, procedures, and ethical/professional standards is grounds for being denied access to participation in Clinical Center training and activities. I also understand that I, and my supervisor, must sign this agreement and return it to the Coordinator of Psychological Services, Dr. Cormier, before I can begin utilizing the Clinical Center facility.

Clinician Signature

Date

Supervisor Signature

Date

Print Clinician Name

***Turn into Thomas Aken Room 141D**