JAMES MADISON UNIVERSITY DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

GRADUATE CLINICIAN and SUPERVISOR/PRECEPTOR AGREEMENT

Off-Campus Field Placement Location Name:			Date:		
Th	e James Madison University	Graduate Clinician	agrees to:		
		(printed r	name)		
1.	Begin practicum on	(date) and complete pract	ticum on (date).		
2.	Under no circumstances areClass and/or test prepJMU-recognized holid	lays or breaks (including Fall/Spring break eduled during the semester (including sum axis examination	n the off-campus field placement for: (s)		
3.	Schedule, in advance, the following days off:				
4.	Participate in at least hours of clinical observation before beginning to provide clinical services.				
5.	. Be responsible for continuity of care by not canceling or postponing clinical services without prior consent of the off-campus field placement supervisor/preceptor.				
6.	Submit evaluations, progress notes, therapy plans, and other reports within these guidelines:				
7.	Implement decisions regarding evaluation and intervention only after receiving approval from off-campus field placement supervisor/preceptor.				
8.	Observe appropriate dress codes and professional behavior while at the off-campus field placement:				
9.	Adhere to the following guid	lelines established by this off-cam	pus field placement:		
10.	_	ous field placement may be termin acement may be terminated only a	•		

	off-campus midterm and final evaluation via Typh	non.		
Th	ne off-campus supervisor	agrees to	:	
	(printed nat	me)		
1.	Maintain and submit proof of ASHA Certificate of Clinical Competence (CCC) and state licensure at the beginning of the off-campus field placement.			
2.	Direct supervision must be in real time and must never be less than 25% of the graduate clinician's total contact with each client/patient and must take place periodically throughout the placement. These are minimum requirements and should be adjusted upward if the clinician's level of knowledge, experience, and competence warrants.			
3.	. Schedule conferences with the graduate clinician with the following frequency:			
4.	8. Schedule the graduate clinician for an estimated minimum ofclinical hours and estimated maximum ofclinical hours of patient contact per week (based on fluctuating client census).			
5.	Complete and submit the paperwork from the Off designated times.	-Campus Field Placement Hand	book at the	
Of	f-Campus Supervisor/Preceptor Signature	(Date)		
	aduate Clinician Signature	(Date)		
Of	f-Campus Supervisor/Preceptor Email:			
Suj Suj	pervisor/Preceptor ASHA #: (Photo Copy upload to Typhopervisor/Preceptor - State/License #: (Photo Copy upload pervisor/Preceptor must have a minimum of three years of pervisor/Preceptor must have ASHA-required 2 hours of control of the control o	l to Typhon) f experience (including the clinical fe		

11. Complete and submit the following paperwork at midterm and at the end of the placement: