

CALIFORNIA STATE UNIVERSITY, CHICO
COMMUNICATION SCIENCES AND DISORDERS
PROGRAM

CENTER FOR COMMUNICATION DISORDERS

Handbook for Clinical Internship Instructors and Student Interns

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GENERAL INFORMATION

PURPOSE OF INTERNSHIPS

The purpose of the Internship experience is to provide students with an opportunity to extend their academic and clinical training beyond the university setting. The Internship experience places students in settings where they have an opportunity to provide services to multiple clients/patients with a variety of disorders over the course of a semester.

THE CAMPUS LIAISON TO THE INTERNSHIP SITE

A campus supervisor is assigned to each intern, and this supervisor serves as the liaison between the CMSD program and the Internship site. Matters related to the student's performance and internship process & procedures should be brought to the campus supervisor's attention.

During the Internship experience, the assigned campus supervisor will contact the site to discuss the student's progress and status. In addition, except in instances where distance prohibits such visits, arrangements will be made for one to two site visits by the university supervisor.

GOALS OF THE INTERNSHIP EXPERIENCE

There are several goals of the Internship experience. They include the following:

1. To expose students to communication disorders, service delivery models, and case management procedures not readily available at the university.
2. To enable students to experience and better understand the demands and responsibilities unique to particular work settings.
3. To allow students to explore specific client populations and/or work settings
4. To provide students with experiences that will prepare them for future employment.
5. To enable students to gain the clinical hours needed to meet the requirements for ASHA certification and state licensure.
6. To promote communication and interaction between The University and the Internship facility.

STUDENT PREPARATION PRIOR TO BEGINNING THE INTERNSHIP

Prior to beginning the Internship experience, students will have successfully completed undergraduate coursework, at least two semesters of graduate coursework, and at least 50 hours of supervised clinical experience in the university's Center for Communication Disorders. They must also be advanced to candidacy prior to placement. In addition, each student will have purchased professional liability insurance, have a Certificate of Clearance, and have completed CPR training.

Arrangements for the placement of graduate student interns are made between California State University, Chico (CSUC) and off-campus sites such as schools, hospitals, or private practices.

To participate in such placements, each student must submit a written application requesting an internship. The student must receive prior approval from the Communication Sciences and Disorders Program (CMSD) to take part in an internship experience.

ASSIGNMENT TO AN INTERNSHIP FACILITY

Once students have met the CMSD Program prerequisites, they may apply for an Internship. A number of facilities require interviews. Specific assignments are made by the university Internship Coordinator in consultation with the faculty and with the approval of the placement site. Assignments take into consideration the student's academic and clinical performance, possible career interests, clinical practicum needs, previous experiences, class schedule, and transportation restrictions.

The Internship site and university will mutually agree upon the length of the Internship (number of weeks; days per week). The length may vary dependent on facility or student needs. It is expected that students will accrue between 50-200 clock hours in an Internship (generally 4 units). ***Students and supervisors are required to sign a contract outlining the above. Under no circumstances may the student reduce the internship experience once, or if, s/he has obtained adequate hours to graduate.***

Students must have clinical experience in at least three distinct settings. The first setting is the on-campus clinic. Therefore, students must complete a minimum of two off-campus placements during their graduate program. Many students opt to complete three off-campus placements.

DOCUMENTATION OF HOURS

Students are responsible for keeping track of the number of contact hours they obtain while participating in the Internship. **Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted.** Students must complete a CMSD hours log indicating the age group, category of service, and hours obtained. These records must be signed by the Clinical Internship Instructor and submitted to the CMSD office at the completion of the internship. In addition, the intern may be required to complete paperwork used by professionals for documenting service delivery at the particular setting.

CLINICAL INTERNSHIP INSTRUCTOR

QUALIFICATIONS

The Clinical Internship Instructor must hold the Certificate of Clinical Competence in speech-language pathology from the American Speech-Language Hearing Association (ASHA) and be licensed by the Speech Language Pathology and Audiology and Hearing Aid Dispenser's Board. Additionally, master clinicians in school settings must hold the clinical Speech-Language Pathology Services Credential. It is the responsibility of the Internship Coordinator and the intern to collect proof of credentials. This can be documented on the Internship Agreement form.

THE SUPERVISOR'S TASKS

ASHA's (2008) Position Statement on Clinical Supervision can be found in the appendices. ASHA's (1985) Outlined 13 tasks identified as "basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical supervision in communication disorders".

The identified tasks were as follows:

1. Establishing and maintaining an effective working relationship with the supervisee.
2. Assisting the supervisee in developing clinical goals and objectives.
3. Assisting the supervisee in developing and refining assessment skills.
4. Assisting the supervisee in developing and refining clinical management skills.
5. Demonstrating for and participating with the supervisee in the clinical process.
6. Assisting the supervisee in observing and analyzing assessment and treatment sessions.
7. Assisting the supervisee in the development and maintenance of clinical and supervisory records.
8. Interacting with the supervisee in planning, executing, and analyzing supervisory conference.
9. Assisting the supervisee in evaluation of clinical performance.
10. Assisting the supervisee in developing skills of verbal reporting, writing, and editing.
11. Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice.
12. Modeling and facilitating professional conduct.
13. Demonstrating research skills in the clinical or supervisory process.

THE CONTINUUM OF SUPERVISION

The enumerated tasks and their related competencies provide a detailed description of specifically what supervisors need to do. However, the ways in which they perform these tasks and demonstrate competency varies according to the needs of the specific intern. Clearly, the kind and amount of assistance needed by interns in their clinical experience differs significantly from that needed by an individual with many years of work experience. Furthermore, supervisors have different expectations as well as different needs from supervision throughout their professional careers.

Anderson (see ASHA Technical Report, 2008) described a 3-stage continuum of supervision that provides a framework to account for these differences. The goal is to progress to the self-supervision stage.

EVALUATION-FEEDBACK STAGE	TRANSITIONAL STAGE	SELF-SUPERVISION STAGE
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The first stage is the Evaluation-Feedback Stage. Here, the supervisor provides direction, evaluation, and feedback, and the supervisee functions primarily as the recipient of information. Anderson notes that the beginning student clinician, one working with a new type of client, and

one who has just entered a new setting may be found on this stage. These students typically expect and need explicit instruction about what to do and how to do it as well as directive feedback. In this stage, supervisors use a direct-active style while supervisees employ a passive style. The aim for both supervisor and supervisee is to leave this stage as soon as possible and progress to a point further along on the continuum.

In the Transitional Stage, shared responsibility begins and shifts gradually from the supervisor to the supervisee for all aspects of their interaction. Although the supervisee is not yet able to function independently, he/she is progressing along the continuum in that direction. Individuals at this stage show emerging competence, and the supervisor is able to recognize this increased knowledge and skill. The supervisor facilitates and accepts the supervisee's growing ability to assume responsibility. A collaborative style of interaction is appropriate at this stage, with some direction and feedback coming from the supervisor, however, the supervisee is an active participant.

In the Self-Supervision Stage, the supervisee is able to accurately self-analyze, and he/she is able to plan and implement changes based on the analysis. Here, the supervisee assumes the dominant role and is accountable for effectiveness, exhibiting the independent functioning that is the goal of supervision. Supervisees in this stage need not have total expertise; rather they know when and how to ask for help and well-developed strategies for problem-solving. The appropriate style for this stage is the consultative style, where the supervisor is mainly listening, supporting, and problem-solving. When appropriate, the supervisor may offer direct suggestions but recognizes and accepts the supervisee's option of rejecting the suggestions. Not all students progress to the stage of self-supervision by the end of their graduate program.

The described stages of the continuum are not time bound. Both supervisors and supervisees should expect to move through the stages in sequence; however, they may shift temporarily to either a less advanced or more advanced stage for specific tasks or interactions. For example, some students may progress along the continuum, working well into the transitional stage for a particular clinical assignment, but when they are assigned a new client or different supervisor, they return to the evaluation-feedback stage. This is common for many students when they begin an off-campus placement. Furthermore, supervisees may function at different points on the continuum for different tasks in managing an individual client. For example, a supervisee who plans, administers recommendations, may need specific direction and feedback to counsel a parent to provide programming suggestions to a teacher.

REQUIREMENTS FOR CLINICAL INSTRUCTION-ASHA STATEMENT ON SUPERVISION

Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate and improve performance and to develop clinical competence.

The amount of supervision should be appropriate to the student's level of knowledge, experience, and competence and the supervision should be sufficient to ensure the welfare of the client/patient populations. Direct supervision must be in real time and must never be less than

25% of the student's total contact with each client. These are minimum requirements that should be adjusted based on student's level of knowledge, experience and competence.

KNOWLEDGE AND SKILLS ASSESSMENT (KASA) SIGNATURES

Students are responsible for having their KASA skills form signed each semester, when appropriate. A rating of 4 or 5 on the final Clinical Instructor Evaluation of Student Form would constitute enough skill attainment to get a signature on the KASA for that particular skill.

FEEDBACK AND EVALUATION

Students appreciate verbal and/or written feedback regarding their performance. Students are encouraged to share their KASA status with supervisors early in the experience to target areas that for further development. Clinical Instructors should provide frequent verbal and written feedback to students during internship.

Effective clinical teaching involves the development of the student's self-analysis, self-evaluation, and problem-solving skills. Verbal and written evaluations should be ongoing throughout the Internship experience. A formal mid-term evaluation and self-evaluations are often helpful for formative purposes, but are not required. A final evaluation using the CSU, Chico format, however, is required. During the evaluation, the student and supervisor should discuss the student's strengths and areas in need of improvement. Efforts should be made to establish objectives for improving performance. Students will provide the original written evaluation to the university ASC at the completion of the internship. University forms provided for evaluation are included in the Appendices.

REMEDATION PROCEDURES

MANAGING UNSATISFACTORY CLINICAL PERFORMANCE

The Code of Ethics of the American Speech-Language-Hearing Association (ASHA) mandates that individuals "hold paramount the welfare of persons they serve professionally." If supervisees do not have the ability to make appropriate progress along the continuum toward independence, it is the ethical and professional duty of master clinicians to manage this problem. Because of differences in perceptions of clinical competence, evaluation decisions are difficult and are subject to great variability across supervisors. Thus, it is imperative that master clinicians collect and analyze data throughout a term for all supervisees. Master clinician accountability is demonstrated via documentation of problem areas and supporting action to attempt to develop clinical competence in the supervisee. The master clinician must be able to demonstrate that s/he has provided specific, direct feedback throughout the term, with opportunities and support for making necessary changes.

If a supervisee is not acquiring competencies at an appropriate rate, as judged by the master clinician, s/he will discuss the problem with the supervisee. For skills that need to be developed, specific behavioral objectives will be set, including time limits for accomplishment. Performance

will be reviewed and evaluated at designated intervals. Further, the supervisee must be actively involved in data collection and analysis relative to established objectives and must be able to formulate strategies for change during weekly conferences with the clinical instructor. If concerns still exist at the end of designated time periods, the clinical instructor will consult with the campus supervisor. The university supervisor should inform the Clinic Director of the situation. If satisfactory outcomes are not affected by the end of the semester, the supervisee may be required to repeat target clinical experiences. **Clock hours are earned for completion of clinical activity, including client and family contact hours and relevant paperwork.**

PROBLEM-SOLVING

Problems sometimes arise as a result of confusion regarding the student's and/or Clinic Instructor's expectations for one another. These problems may be avoided by the CI discussing and clarifying his/her expectations for the student at the initiation of the experience. Such a discussion may include the following topics:

1. Dress code
2. Special projects or readings required of Interns
3. Work schedules
4. Attendance
5. Location of materials and resources
6. Facility protocols
7. Forms used
8. Lesson plans, IEP's or S.O.A.P notes
9. Client files, report writing, and record keeping procedure
10. Staff and/or IEP meetings

STUDENT GRIEVANCE AND COMPLAINT PROCESS

The CMSD program has the following policy regarding on and off-campus practicum: If a problem or conflict arises between a student clinician and supervisor, the two should meet to try to resolve the problem, keeping in mind the supervisor's ultimate responsibility for the treatment plan and welfare of the client. For on-campus practicum, if no resolution is reached at the first level, the clinic director will serve as mediator and meet individually, and, if necessary, collectively with the parties to resolve the issue. In off-campus placements, the university supervisor serves as the initial mediator and the clinic director is apprised of the situation. If no solution is found, the clinic director becomes actively involved. If no solution is found, the student may pursue informal or formal grievance procedures as described in the university catalog.

Student issues relative to academic programs are managed in a similar manner. If a problem or conflict arises between a student and instructor, the two will meet to resolve the problem. If no resolution is reached, the Program Director will serve as mediator and meet individually, and, if necessary, collectively with the parties to resolve the issue. If no solution is found, the student will be referred to the Department Chair. If still no solution is found, the student may pursue

informal or formal grievance procedures through Student Judicial Affairs, Kendall Hall 110, (530) 898-6897.

Complaints that cannot be satisfactorily resolved within the program, department or university levels should be submitted to the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association. Contact the CAA Office at: American Speech-Language-Hearing Association, 220 Research Blvd, Rockville, MD 20852 or phone ASHA's Action Center at (800) 498-2071; <http://www.asha.org/academic/accreditation/accredmanual/section8.htm>

APPENDIX A: CODE OF ETHICS



CODE OF ETHICS

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Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

1. [Deleted effective June 1, 2014] ~~Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.~~
2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

Index terms: ethics

Reference this material as: American Speech-Language-Hearing Association. (2010r). *Code of ethics* [Ethics]. Available from www.asha.org/policy.

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doi:10.1044/policy.ET2010-00309

APPENDIX B: CLINICAL SUPERVISION POSITION STATEMENT



CLINICAL SUPERVISION IN SPEECH-LANGUAGE PATHOLOGY

Ad Hoc Committee on Supervision in Speech-Language Pathology

About this Document

This position statement is an official policy of the American Speech-Language-Hearing Association. It was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

Position Statement

The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This new position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in pre-service education and practice between the two professions.

It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

Index terms: supervision

Reference this material as: American Speech-Language-Hearing Association. (2008). *Clinical supervision in speech-language pathology* [Position Statement]. Available from www.asha.org/policy.

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Communication Sciences and Disorders Program

CENTER FOR COMMUNICATION DISORDERS

Internship Agreement - Medical/Private Practice

I, _____, agree that my placement at
(Please Print)

_____ will begin on _____ 20__

and continue until _____ 20__.

My hours will be _____ AM until _____ PM on _____.

In the event of illness, I will directly notify my supervisor and the internship coordinator as soon as possible. A doctor's note will be required for more than a 2 day absence. Any personal business will be taken care of outside the hours specified in this agreement.

If the terms and conditions of this contract are not adhered to, the above named student will be in jeopardy of receiving an incomplete for this internship.

Semester: _____

Student *Signature* _____ Date

Site Supervisor Name *(Please Print)* / *Signature* _____ Date

Email Address

* ASHA Certification #: _____ Expiration Date: _____

* State License #: _____ Expiration Date: _____

*** PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF ASHA AND LICENSURE CARDS**

Site

Location: _____

Site Address: _____

Site Phone Number: () _____

University Supervisor's *Signature* _____ Date

Jessika Lawrence, Internship Coordinator _____ Date

Instructions to students: After acquiring signatures, please print 3 copies, **and** Distribute as follows: **Original:** *CMSD Office* / **Copy:** *Site Supervisor* / **Copy:** *Student Intern*

8/29/13

