

**DEPARTMENT OF OCCUPATIONAL THERAPY**

**STUDENT CLINICAL AGREEMENT**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to honor my commitment to Level II fieldwork placement at:

**Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Scheduled dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Clinical Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information: Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Phone (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I agree to be responsible for:

1. Following the administrative policies, rules, standards, and practices of the Facility and the University as it pertains to the responsibilities of student work.

 2. Following Infection Control Policies and Universal Precautions.

 3. Adhering to Patient’s Rights and confidentiality and all HIPAA regulations.

 4. Maintaining Malpractice Insurance throughout the Level II Fieldwork Experience

 5. Maintaining current health requirements and providing other medical information as required by facility.

 (Records to be current within 1 year of FW Experience end date).

6. Complying with the American Occupational Therapy Association’s Code of Ethics.

7. Providing the necessary and appropriate uniforms required if not provided by the Facility.

8. Providing my own transportation and living arrangements if not provided by the Facility.

9. Reporting to the fieldwork Supervisor as instructed and on time daily.

10. Obtaining prior written approval of the Facility and Kean University before publishing any materials relating to the Clinical Education Experience.

11. Providing the highest caliber of service of which I am capable to the individuals entrusted to my care.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reflecting the policy of Kean University, the facilities selected for the fieldwork experiences do not discriminate because of age, sex, marital status, race, color, creed, national origin, handicap, or sexual orientation.

**Please mail, email, or fax completed copy to of this document to:**

Kean University Department of Occupational Therapy

1000 Morris Avenue

Union, New Jersey 07083

Attention: Patricia Higgins MS, OTR/L

Phone: 908.737.5853, Fax: 908.737.5855

email: **otfieldwork@kean.edu**