

AGREEMENT

The School <sup>Board</sup> District of Palm Beach County, Florida

and

FLORIDA ATLANTIC UNIVERSITY

The School <sup>Board</sup> District of

This Agreement is entered into by and between Palm Beach County, Florida, referred to as the "Facility," and FLORIDA ATLANTIC UNIVERSITY, ~~acting for and on behalf of the Florida Atlantic University Board of Trustees~~, a public corporation of the State of Florida, referred to as the "University." *DEA*

RECITALS

The University has a Department of Communication Sciences and Disorders located in the College of Education with students enrolled in a graduate (masters) degree program in Communication Disorders (Speech-Language Pathology).

The Facility has the facilities for the clinical instruction of such students.

For the purpose of furthering the following objectives of the parties, the University will send to the Facility students enrolled in the above referenced graduate degree program who desire to receive instruction and clinical experience in the designated field: (1) to provide clinical experience in terms of patient care and related instruction for students of the University; (2) to enhance the overall education program of the University by providing opportunities for learning experiences which will help the student to progress to the advanced levels of performance; (3) to increase contacts between academic facilities and community expertise; and (4) to establish and operate a Clinical Education Program of the first rank.

In consideration of mutual benefits, given and received by the parties, the parties agree as follows:

1. General Information:

- a. The course of instruction (Clinical Education Program) will cover a period of time as arranged between the University and the Facility. The beginning dates and length of experience shall be mutually agreed upon by the University and the Facility.
- b. The period of time for each student's clinical education will be mutually agreed upon at least one month before the beginning of the Clinical Education Program.

- c. The number of students eligible to participate in the Clinical Education Program will be mutually determined by agreement of the parties and may be altered by mutual agreement.
- d. It is agreed by both parties that there shall be no discrimination on the basis of race, religion, creed, sex, national origin, age or handicap.
- e. This Agreement will be governed by the laws of the State of Florida, including Chapter 119, Public Records.

2. Responsibilities of the University

- a. The University will send to the Facility the name and evidence of health insurance and professional liability insurance in the amounts of \$1,000,000.00 each incident, \$3,000,000.00 aggregate for each student enrolled in the Clinical Education Program at least four weeks before the beginning date of the Clinical Education Program.
- b. The University is responsible for supplying appropriate additional information required by the Facility prior to the arrival of the students within the confines of the law.
- c. The University will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum.
- d. The University will designate a faculty member to coordinate with a designee of the Facility the assignment to be undertaken by the students participating in the Clinical Education Program.
- e. The University will assist the Facility in enforcing rules and regulations established by the Facility.

3. Responsibilities of the Facility:

- a. The Facility shall maintain complete records and reports on each student's performance and provide an evaluation to the University on forms provided by the University.
- b. The Facility may request the University to withdraw from the Clinical Education Program any student whose performance is unsatisfactory, whose personal characteristics prevent desirable working relationships within the Facility, or whose health status is a detriment to the student's successful completion of the Clinical Education Program.



c. The Facility shall, on reasonable request, permit the inspection of the clinical facilities, services available for clinical experiences, student records (subject to applicable laws), and other such items pertaining to the Clinical Education Program by the University or agencies, or by both, charged with the accreditation of the curriculum.

d. The Facility shall designate and submit, in writing, to the University (1) the name and professional academic credentials of a person to be responsible for coordination of the Clinical Education Program, such person to be designated as the Clinical Education Coordinator; and (2) the name, professional academic credentials and Certificate of Clinical Competence status of the person or persons to be responsible for the provision of supervision, such person or persons to be designated as the Clinical Supervisor.

e. The Facility shall notify the University, in writing, of any change or proposed change of the clinical Education Coordinator or Clinical Supervisor.

f. The Facility shall provide a supervised program of clinical experience in conjunction with and subject to the approval of the University, with the understanding that such supervision will be carried out in accordance with standards established for clinical practica leading to completion of clinical practica requirements for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association;

g. The Facility shall allow the student sufficient time to attend the regularly scheduled clinical practicum class (Wednesday's at 6:00 p.m.) and provide treatment at the Florida Atlantic University Communication Disorders Clinic at a minimum of one hour per week.

#### 4. Responsibilities of the Student

The University shall notify each student that he or she is responsible as follows:

a. For following the administrative policies, standards and practices of the Facility;

b. For providing the necessary and appropriate uniforms required but not provided by the Facility;

c. For his or her own transportation and living arrangements when not provided by the Facility;

d. For reporting to the Facility on time and following all established regulations during the regularly scheduled operating hours of the Facility;

e. For conforming to the standards and practices established by the University while training with the Facility;

1. For attending clinical practicum class, Wednesday's at 6:00 p.m.
2. For providing treatment at the Florida Atlantic University Communication Disorders Clinic at a minimum of one hour per week.

f. For obtaining prior written approval of the Facility and the University before publishing any material relating to the Clinical Education experience.



5. Departmental Letter Agreement Authorization: *g. For obtaining required fingerprinting, applicant security check, and Substance abuse Screening at their own expense prior to beginning*

a. Recognizing that the specific nature of the clinical experience required by the Communication Disorders Program may vary, it is agreed by the University and the Facility that, following execution of this Agreement and within the scope of its provisions, the University may develop letter agreements with the clinical counterparts in the Facility to formalize operational details of the Clinical Education Program.

b. The authority to execute these letter agreements shall remain with the President of the University and the chief administrative officer of the Facility, unless it is specifically delegated to others.

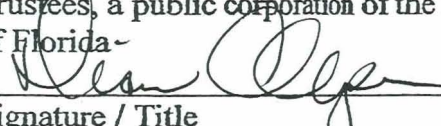
6. Terms of Agreement:

a. This agreement shall be in effect from the final signature date until either party desires to review or terminate the Agreement. Such review or termination shall be made in writing by giving at least three (3) months prior notice of termination.

b. It is understood and agreed that the parties to this Agreement may revise or modify this Agreement only by written amendment when both parties agree to such amendment.

c. This Agreement is governed by the laws of the State of Florida.

IN WITNESS OF THE FOREGOING, the parties have executed this Agreement effective on the date last appearing below.

FLORIDA ATLANTIC UNIVERSITY,  
~~acting for and on behalf of the Board of Trustees, a public corporation of the State of Florida~~ *DEA*  
  
\_\_\_\_\_  
Signature / Title

Acting on behalf of the Facility

\_\_\_\_\_  
Signature / Title

Date: Diane Alperin, PhD

Date: \_\_\_\_\_

~~Approved as to Form and Legality~~  
~~Associate Pro~~  
EHZ 12-1-06  
\_\_\_\_\_  
Office of the General Counsel  
Florida Atlantic University

**Reviewed and Approved  
as to Legal Sufficiency**  
*Kalish* 2-26-07