

PRACTICUM SITE AGREEMENT
California Baptist University
Counseling Psychology Program

This Practicum Site Agreement (the “Agreement”) is entered into this 19th day of June, 2019 (the “Effective Date”) by and between California Baptist University through its Counseling Psychology Program (“CBU”) and Perris Union High School District (the “Practicum Provider”). CBU and Practicum Provider are each a “Party” and are sometimes collectively referred to herein as the “Parties.”

1. **INTER-INSTITUTIONAL APPLICATION:** In order to facilitate clinical training experience opportunities, this Agreement is intended to govern the relationship between CBU and Practicum Provider with respect to Counseling Psychology students from CBU involved in a clinical trainee experience arrangement with the Practicum Provider.

2. **GENERAL CONSIDERATIONS:**

2.1 The practicum experience is a cooperative program between CBU and approved practicum sites. The Practicum Providers provide clients, supervision, facilities, and instruction which help students acquire the skills and knowledge needed in their chosen field of study or occupation.

2.2 This Agreement is for the period agreed upon between the Practicum Provider and CBU. Termination of the employment of the student or Supervisor (as defined in Section 3.1 herein) or of this Agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. This Agreement assumes that if there is an early termination of this Agreement such a decision must include prior consultation with the Director of Clinical Training (as defined in Section 4.1 herein) and/or the CBU Program Director. Termination of this Agreement with cause shall be in accordance with the academic policies of CBU or the employment or volunteer policies of the Practicum Provider.

3. **THE EXPERIENCE PROVIDER AGREES TO:**

3.1 Designate an individual who will serve as the supervisor and liaison (the “Supervisor”) with CBU and the student.

3.2 Provide the student and Supervisor with the documentation necessary to verify to the Board of Behavioral Sciences (the “BBS”) that the placement is one that is named in law as appropriate for a CBU student.

3.3 Evaluate the qualifications and credentials of any employee who provides supervision to CBU MFT students.

3.4 Involve the student for the entire period of clinical field experience as agreed unless this Agreement is terminated for cause pursuant to Section 2.2 above.

3.5 Provide adequate resources to the student and the Supervisor in order that they may provide clinically appropriate services to clients.

3.6 Orient the student to the Practicum Provider’s rules, policies, procedures, methods, and operations.

3.7 Provide and allow CBU MFT students access to parking and use of facilities to the same extent as Practicum Provider’s employees.

3.8 Evaluate the student’s performance and notify the Director of Clinical Training (as defined in Section 4.1 herein) immediately, preferably by phone, of any cause of dissatisfaction with, misconduct of, or any other difficulties in the work performance of the student.

3.9 Provide the student and the Supervisor with an emergency response plan which assures the personal safety and security of the student, Supervisor and student's clients in the event of the emergency.

3.10 Provide the student with a minimum of fifteen (15) hours per week of supervised clinical experience within the scope of practice of a Marriage, Family Therapy Trainee.

3.11 Accept the primary responsibility for supervision and control of the student at the Practicum site.

3.12 During the Term of this Agreement, the Supervisor shall:

(A) Be responsible for assuring that all clinical experience gained by the trainee is within the scope of marriage, family therapy counseling.

(B) Complete the "MFT Experience Verification Form" required for licensure.

(C) Abide by the ethical standards promulgated by the professional association of which the Supervisor belongs (e.g. CAMFT, AAMFT, APA, AMA, NASW, etc.)

(D) Provide regular evaluations of the student's performance at the site to the Director of Clinical Training at the end of each semester.

(E) Review and sign the "Weekly Summary of Hours of Experience" log.

(F) Provide the Practicum student with a current copy of his or her license and resume and notify the Director of Clinical Training and the student immediately of any action that may affect his or her license.

(G) Be familiar with the laws and regulations that govern the practice of Marriage, Family Therapy Counselors in the State of California.

(H) Provide the student with one (1) hour of individual or two (2) hours of group supervision for each five (5) hours of client contact provided by the student.

(I) Provide the student with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those mandated by law (e.g., child abuse, danger to self, others, etc.).

4. **CBU AGREES TO:**

4.1 Designate a point of contact for clinical field experience (a "Director of Clinical Training").

4.2 Ensure the Director of Clinical Training contacts the student and Practicum Supervisor to discuss the student's progress, and advises relative to the program of study.

4.3 Ensure the Director of Clinical Training strives to promote harmony and cooperation between the Experience Provider, the student, and the educational institution.

4.4 Provide professional liability insurance for the student to cover damage or harm caused by the student in the amount of \$1,000,000 per occurrence, \$3,000,000 in the aggregate, when this Agreement is signed and returned to CBU.

4.5 Cause each student participating in practicum which is the subject of this Agreement to acknowledge certain obligations as shown in substantial form attached hereto as Exhibit "A" and incorporated herein by this reference.

5. **NOTICES.** Any notice required or permitted to be provided under this Agreement shall be in writing and shall be deemed to have been duly given if mailed via first class mail, or by a reputable overnight delivery service, or by personal delivery, and directed to the address of such Party set forth below:

PRACTICUM PROVIDER:	CBU:
Name: Perris Union High School District Attn: Candace Reines, Deputy Superintendent Address: 155 E. 4 th Street, Perris, CA. 92570 Telephone: (951) 943-6369 Email: candace.reines@puhsd.org	Name: California Baptist University Attn: Jan Stanfield, MSW, LMFT, LCSW, Director of Clinical Training Address: 8432 Magnolia Avenue, Riverside, CA 92504 Telephone: (951) 343-4503 Email: jstanfield@calbaptist.edu

All notices shall be effective upon receipt or rejection. Notice of change of address shall be given by written notice in the manner detailed in this Section 5. Rejection or other refusal to accept or the inability to deliver because of changed address of which no notice was given shall be deemed to constitute receipt of the notice, demand, request or communication sent. Each party may change its address for the purpose of this paragraph by giving written notice of such change in the manner provided for in this Section 5.

6. **AMENDMENT:** No amendment or modification of this Agreement shall be valid unless in writing and executed by each of the Parties.

7. **ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement of the Parties with respect to the subject matter of this Agreement. This Agreement is not assignable without the prior written consent of the non-assigning party which consent will not be unreasonably withheld or delayed.

8. **COUNTERPARTS:** This Agreement may be signed in counterparts, each of which shall be deemed an original, but all of which, taken together, shall constitute one and the same Agreement. This Agreement may be executed by way of facsimile signature.

IN WITNESS WHEREOF, the Parties through their authorized representatives have executed this Agreement effective as of the Effective Date.

“PRACTICUM PROVIDER”	“CBU”
Perris Union High School District	California Baptist University
By: _____ Name: Candace Reines	By: _____ Name: Mark Howe
Title: Deputy Superintendent of Business Services	Title: Vice President for Finance and Administration

EXHIBIT A

MEMORANDUM OF UNDERSTANDING

**MEMORANDUM OF UNDERSTANDING
California Baptist University
Counseling Psychology Program**

I, the undersigned student, desire to participate in a clinical trainee experience program offered through an agreement between CBU and a practicum provider ("Practicum Provider") and, in consideration of such placement by CBU, I agree that I shall:

- (A) Comply with the Practicum Provider's policies and procedures.
- (B) Comply with CBU's dress and grooming standards and honor code.
- (C) Be enrolled in Practicum courses: PSY534, PSY555, or PSY570 unless released by CBU and the Practicum Provider.
- (D) Notify the Director of Clinical Training in a timely manner of any professional or personal difficulties, including safety and personnel problems, which may affect the performance of this or of his/her professional duties and responsibilities.
- (E) Maintain personal health insurance or student health insurance.
- (F) Obtain approval from CBU to participate in the clinical trainee experience program including agreeing to abide by the terms of this Agreement and to perform additional duties and responsibilities as required by CBU.
- (G) Cause each of student's Supervisors to complete and sign the "Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern" before gaining supervised experience.
- (H) Maintain a weekly log of all hours of experience gained toward licensure.
- (I) Be responsible, along with his or her Supervisor, for providing complete and accurate documentation to the Board of Behavioral Sciences (the "BBS") in order to gain hours of experience toward licensure.
- (J) Be responsible for learning those policies of the practicum setting which govern the conduct of regular employees and students, and for complying with such policies.
- (K) Be responsible for participating in the periodic evaluation of his or her practicum experience.
- (L) Abide by the ethical standards of the California Association of Marriage and Family Therapists and of California Baptist University.

I understand that it is my obligation to comply by the terms of this Memorandum of Understanding and such failure could jeopardize my participation in the clinical trainee experience program.

STUDENT Name: _____ Student ID #: _____	 Date: _____
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