



MASTER CLINICAL FIELD EXPERIENCE AGREEMENT
California Baptist University

This Master Clinical Field Experience Agreement (“Agreement”) is entered into this **16th day of August, 2022** (the “Effective Date”) by and between **California Baptist University located in Riverside, California (“CBU”) Perris Union High School District** (the “Experience Provider”) located at **155 E. 4th St., Perris, CA 92570** CBU and Experience Provider are each a “Party” and are sometimes collectively referred to herein as the “Parties.”

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

2. **GENERAL CONSIDERATIONS:**

2.1 A clinical field experience is a cooperative program between CBU and approved Experience Providers. The Experience Providers provide 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 Experience Provider and CBU.

2.3 This Agreement may be terminated by CBU or the Experience Provider for good and sufficient cause by providing reasonable advance written notice to the other.

2.4 Neither Party to this Agreement agrees to indemnify the other Party or hold harmless the other Party from liability hereunder. However, if the common law or a statute provides for either a right to indemnity and/or a right to contribution to any Party to this Agreement, then the right to pursue one of both of these remedies is preserved.

3. **THE STUDENT AGREES TO:**

3.1 Comply with the Experience Provider’s policies and procedures.

3.2 Comply with CBU’s dress and grooming standards and honor code.

3.3 Enroll as an academic clinical field experience student and perform the duties indicated unless released by CBU and the Experience Provider.

3.4 Report serious problems, including safety and personnel problems, to CBU and the Experience Provider.

3.5 Maintain personal health insurance or student health insurance.

3.6 Obtain approval from CBU to participate in the clinical field experience program including agreeing to abide by the terms of this Agreement and to perform additional duties and responsibilities as required by CBU.

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

4.1 Experience Provider will provide a qualified speech language pathologist to provide appropriate supervision for speech language pathology student interns.

4.2 Designate an individual who will serve as the liaison with CBU and non-speech language pathology student interns.

4.3 Involve the student for the entire period of clinical field experience as agreed unless this Agreement is terminated for cause pursuant to Section 2.3 above.

4.4 Give the student the opportunity to perform a variety of tasks to acquire and practice various skills.

4.5 Orient the student to the Experience Provider’s rules, policies, procedures, methods, and operations.

4.6 Evaluate the student’s performance and notify CBU’s Clinical Field Experience Director, as defined in Section 5.1, immediately, preferably by phone, of any cause of dissatisfaction with or of misconduct on the part of the student.

4.7 Accept the primary responsibility for supervision and control of the student at the clinical field experience site.

5. CBU AGREES TO:

5.1 Designate a point of contact for clinical field experience (a “Clinical Field Experience Director”).

5.2 Ensure the Clinical Field Experience Director contacts the student and Experience Provider, discusses the student’s progress, and advises relative to the program of study.

5.3 Ensure the Clinical Field Experience Director strives to promote harmony and cooperation between the Experience Provider, the student, and the educational institution.

5.4 Provide 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.

5.5 Cause each student participating in the clinical experience program 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.

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.

9. **TERM AND TERMINATION:** The term of this Agreement shall commence on the Effective Date and remain in effect **until August 15, 2025**. Either party may terminate this Agreement upon sixty (60) days written notice to the other party; provided, however, that such terminations shall not impact students participating in a clinical field experience.

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

<p>“EXPERIENCE PROVIDER”</p> <p>Perris Union High School District</p> <p>By: _____ Name: _____ Title: _____ Date: _____</p>	<p>“CBU”</p> <p>California Baptist University</p> <p>By: _____ Name: David Pearson, PhD Title: Dean, College of Health Science Date: _____</p>
	<p>By: _____ Name: Mark Howe Title: Vice President for Finance and Administration Date: _____</p>

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EXHIBIT A

STUDENT CLINICAL FIELD EXPERIENCE AGREEMENT



STUDENT CLINICAL FIELD EXPERIENCE AGREEMENT
California Baptist University, College of Health Science
_____ (“_____”)

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

- (A) Comply with the Experience Provider’s policies and procedures.
- (B) Comply with CBU’s dress and grooming standards and honor code.
- (C) Enroll as an academic clinical field experience student and perform the duties indicated unless released by CBU and the Experience Provider.
- (D) Notify the Clinical Field Experience Director 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 field experience program including agreeing to abide by the terms of this Agreement and to perform additional duties and responsibilities as required by CBU.
- (G) Maintain a weekly log of all hours of experience gained toward licensure.
- (H) Be responsible for learning those policies of the supervised fieldwork setting which govern the conduct of regular employees and students, and for complying with such policies.
- (I) Be responsible for participating in the periodic evaluation of his or her supervised fieldwork experience.

I understand that it is my obligation to comply by the terms of this Student Clinical Field Experience Agreement and such failure could jeopardize my participation in the clinical field experience program.

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