

# *Clarke University*

## *Student Agreement Form - Clinical Experience*

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I understand that I have been assigned the facility listed below. I understand that before I attend the clinical educational facility (CEF), my responsibilities are:

- Reviewing responsibilities as stated in the Catalog and Handbook and those of the academic educational facility (AEF) and the CEF as stated in the Letter of Agreement.
- Reviewing the Site Information Form concerning the assigned CEF that is found in the Physical Therapy Department CEF file cabinet.
- Reviewing the School's Student Manual and the Program's Academic and Clinical Education Policy and Procedures Manual.
- Completing all necessary medical testing/immunizations as require by the CEF
- Completing the Student Information Sheet and filing a copy with the ACCE
- Sending to the CEF a minimum of 4-6 weeks prior to the assigned starting date:
  - \* Letter of introduction
  - \* Required health records as described in each CEF's clinical file
  - \* Student Information Sheet
  - \* Request for accommodations, if necessary
- Making housing and travel arrangements as necessary.

I understand that I am responsible for all costs incurred in travel, lodging, food, and personal items while on the clinical rotation.

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Student Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Clinical Dates: \_\_\_\_\_

Type of Clinical: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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