

Printed Name: _____

SLHS Departmental Policies: Clinical Education

I. Please read these documents and complete the training modules listed below. Check off each title, and sign below to indicate your willingness to follow these guidelines.

- ASHA Code of Ethics
- HIPAA (Health Insurance Portability and Accountability Act Privacy Rules):
 - Policies for University of Minnesota:
 - Four required modules:
 - Introductory video
 - Safeguarding Protected Health Information
 - Privacy in Research
 - Privacy in Clinic
 - Policies for the Julia M. Davis Speech-Language Hearing Center
- Infection Control Guidelines (National Center for Infectious Diseases)
- Bloodborne Pathogen Training (http://www.dehs.umn.edu/bio_pracprin_blood_bpt.htm)

I have completed these learning modules and read the assigned documents. I agree to adhere to all of these policies and guidelines.

_____ Date: _____
Signature of Student

II. Please perform the following practicum-related tasks and check off when complete. All are departmental requirements for clinical education (SLHS 8720 or SLHS 8820).

- I have obtained a University of Minnesota email account and understand that all practicum-related communications will be sent to that address only.
- I have signed and submitted a Release of Home Contact Information sheet. This release will be used *only* for securing external practicum placements.
- I have completed and submitted a University of Minnesota Background study form. I understand that my ability to fulfill the practicum requirements of this department is dependent upon a successful background clearance.
- I have obtained and agree to wear a University of Minnesota picture ID Badge at all practicum settings.
- I have read and agree to secure appropriate immunizations before practicum begins. Note: some institutions require documented evidence of current immunizations.

I have completed these items checked above.

_____ Date: _____
Signature of Student