

CDIS Practicum Procedures and Responsibilities Checklist

(Please initial each item to verify your acknowledgment.)

REQUIRED BEHAVIORS & RESPONSIBILITY STATEMENTS

_____ I attest that I am able to complete **Professional Functions for Speech Language Pathologists** as presented by the ENMU CDIS Graduate Program (or I have made arrangements for reasonable accommodations). <https://my.enmu.edu/web/cdis/professional-functions-for-slps>

_____ I attest that I have read and will abide by the **Program Policy on Students and Professionals Who Speak English With Accents and Nonstandard Dialects** as presented by the ENMU CDIS Graduate Program. <https://my.enmu.edu/web/cdis/student-resources/program-policy-on-students-and-professionals-who-speak-english-with-accents-and-nonstandard-dialect>

_____ I attest that I have **never been disbarred** from and am not currently under **investigation** by any health (nursing/medicine, etc.) state licensure board. I agree to **inform** the university if I become aware that I am under **investigation** for or if I am convicted of any **criminal charge**.

_____ I attest that I have **never been charged with a felony** and am not currently under **investigation** by any law enforcement agency. I agree to **inform** the university if I am **investigated or charged with any felony** OR convicted of any **felony criminal charge**.

_____ I attest that I am not and have never been **under investigation for any charges related to drug use** (either recreational or prescription, and including DUI). I agree to **inform** the university if I am **charged OR convicted** of any **offenses related to drug use**.

_____ I attest that I am not and have never been **under investigation for any charges related to alcohol** (including DUI). I agree to **inform** the university if I am ever **charged OR convicted** of any **offenses related to alcohol use**.

_____ I will refrain from the excessive use of **alcohol and drugs** that have the potential to impair my ability to participate in the program and provide care to clients. **I understand that I am not allowed in the ENMU SHROC, at any ENMU CDIS event, or in any ENMU classroom, faculty office, or affiliated site while I am under the influence of alcohol or any drug which may impair my ability to interact with others.** I understand that failure to comply with this requirement may result in dismissal, suspension, or mandatory counseling and/or other treatments as a condition of continuation in the ENM CDIS Graduate Program.

_____ I will follow the rules of the clinical education site regarding the use of **prescription medications and tobacco** products (including smokeless tobacco, vapes, e-cigarettes, etc.).

_____ I will comply with all **FERPA/HIPAA** regulations of the agency/clinical site as required by law.

_____ I will perform clinical duties within the parameters of the **ASHA Code of Ethics and will abide by the ENMU CDIS Program Code of Conduct**. Failure to do so will result in my removal from some or all clinical assignments. If I am removed from clinical assignments for ethical violations, I understand that I will receive an "F" for that assignment. I further understand that an ethical violation may result in my suspension or permanent dismissal from the ENMU CDIS Graduate Program.

_____ I understand and will abide by the **policies and procedures** established by each clinical site at which I am participating. I understand that each supervisor, whether on or off campus, reserves the right to add additional requirements as needed.

_____ I will meet all **KASA Clinical: Administrative and Professional Behaviors** at all times. I will exhibit **mandatory behaviors** for all clinical assignments. These include:

- No cell phones in therapy policy
- Attendance policy
- Absence reporting policy
- Dress code policy (including name tag)
- Confidentiality policy
- CastleBranch compliance

I understand that failure to comply will result in a "C" grade for practicum (irrespective of CPSA average). This means that I will NOT be able to count ANY clock hours obtained during the semester in question. These behaviors are listed in the CDIS Graduate Student Handbook, the Clinical Practicum Student Assessment (CPSA), the KASA outcome tracking form, and the Supervisor's Handbook.

_____ I will NOT use my cell phone for texting or making and/or receiving personal calls during therapy. I will follow facility rules regarding **cell phone** use at all times.

_____ I will conform to the **dress code** of the facility.

_____ I will wear designated **identification** at all times in clinical education settings.

_____ I will **remain current in Castle Branch at all times** while I am enrolled in the ENMU CDIS Program (including those times that I am not enrolled in practicum but am enrolled in other courses). Unless I am on a leave of absence or suspended from the Program, I will remain current in Castle Branch.

_____ I will enroll in **practicum one time per year**. This means that I must take practicum at least once in a consecutive twelve-month period (or every third semester, including summer). At no time will 12 months pass without me being enrolled in and completing practicum unless I am on an approved Leave of Absence, suspended from the Program, or have the Graduate Coordinator's approval for deferment.

_____ I will NOT bring a **firearm or weapon of any kind** on the premises of any clinical education setting. This includes a taser, mace, pepper spray, or any other banned substance as specified in ENMU University or site placement policy.

_____ I will conduct myself **professionally** at all times and refrain from loud, boisterous, offensive, argumentative, or otherwise inappropriate conduct.

_____ I agree to inform my clinical supervisor and/or the clinical director of any **illness or health problem** that could possibly affect my performance or the welfare of my patients in the clinical area. I understand that **disclosure** of the above is necessary to protect my health and the well-being of patients for whom I may provide care.

_____ I will abide by ENMU's attendance policy and **will inform the ENMU Clinical Director** of any emergency absence **PRIOR** to contacting my site supervisor. I will request all excused absences through the Clinical Director PRIOR to requesting time off from my site. I understand that failure to follow these requirements will result in a Letter of Reprimand and possible suspension from clinical courses.

_____ I understand that external clinical sites may impose **additional requirements** during my clinical rotation and I agree to abide by these requirements. These may include, but are not limited to, personal health, accident insurance coverage, and general liability insurance.

_____ I understand that I must verify that my **supervisor is currently licensed** in their state of practice and that this supervisor **maintains certification (CCC-SLP)** each semester. Verification of supervisor credentials (a copy of active CCC status and active state licensure) must be submitted to the Clinical Director prior to beginning therapy with the appointed supervisor. I understand that I may not count clock hours obtained with a supervisor who was not certified and licensed during the entire supervision period. I understand that is solely my responsibility.

_____ I understand that I **must NOT dispense clinical advice or counsel patients** without the express permission of my supervisor and in the presence of my supervisor. I must NOT post information giving clinical advice on any website or other social media platform.

_____ I understand that I **must NOT post any information on any website or other social media platform** related to any client, supervisor, practicum site, or agency without the express written permission of the HHS Department Chair, the CDIS Program Director, the practicum site Director, the clinical supervisor, and the client/client's caregiver(s).

_____ I understand that I **must request enrollment in practicum each semester** (in response to the email solicitation from the Graduate Coordinator). I understand that failure to secure practicum enrollment through the university system will result in forfeiture of practicum hours for that semester. I understand that it is my responsibility to check my enrollment in the ENMU Portal system and to drop/withdraw if needed.

_____ I understand that I must secure the **Agreement to Supervise** with each practicum supervisor **prior to beginning therapy**. Failure to submit this information will result in removal from practicum until such forms have been registered with the Clinical Director.

_____ I understand that I must complete a **Plan of Supervision** with my supervisor at the beginning of each semester. This information must be submitted to the Clinical Director **prior to beginning therapy** with the appointed supervisor. Failure to submit this information will result in removal from practicum until such forms have been registered with the Clinical Director.

_____ I understand that I must complete the **Clinical Practicum Student Assessment (CPSA)** with my supervisor during mid-term and final grading periods and submit that information to the Clinical Director for grade assignment. I also understand that **clock hour logs are to be submitted weekly in Calipso**. Failure to do so may result in a grade of incomplete or a failing grade for the semester.

_____ I understand that I must earn a **grade of "B" or better** in all practicum/internship experiences in order to count clock hours obtained for ASHA during that experience. I understand that a violation of mandatory behaviors may result in a C, even if all other aspects of practicum performance are within expectations.

_____ I understand that it is my responsibility to **keep all of the requirements listed herein current** at all times. I understand that this includes **Castle Branch requirements and weekly clock hour log entry in Calipso**.

_____ I understand that alteration or falsification of clock hour records is a serious offense that represents a violation of ASHA's Code of Ethics and the standards of conduct of the Graduate School of ENMU. I understand that students are **NOT permitted to ask a supervisor to sign a "blank" clock hour log or a clock hour log that is not entire and complete**. I understand that students are additionally prohibited from submitting hours they did not earn, or from submitting any hours that are NOT direct clinical contact hours. The Program will interpret this as an ethical violation of academic integrity and this may result in suspension and/or expulsion from the Program. **If it is determined that a student has purposefully altered or falsified any clock hour documents, the student will fail the practicum course for that semester and NO hours will be counted for that semester. In addition, the student may be suspended or dismissed from the Program.**

_____ I understand that **FAILURE TO ABIDE BY THE PREVIOUS STATEMENTS MAY RESULT IN DISCIPLINARY ACTION**, INCLUDING LOSS OF CLOCK HOURS, SUSPENSION OR DISMISSAL FROM PRACTICUM, FROM COURSES, FROM THE CDIS PROGRAM, AND/OR FROM THE UNIVERSITY.

ADDITIONAL RESPONSIBILITIES FOR OFF-CAMPUS PRACTICUM

- Students are expected to participate in the off-campus placement process. Each student will work with the Clinical Director and Placement Coordinator to determine the location of off-campus sites.

Students should provide the Clinical Director and Placement Coordinator with the geographic locations and potential sites/contacts at which they would like to complete the practicum (**6 months prior to requested semester**) or internship (**1 YEAR PRIOR TO PLACEMENT DATE**). Students must submit:

- Names for 10 potential facilities and supervisors that provide SLP Services (in order of preference)
- Contact information for the agency and the supervisor (if different)
- An updated resume and cover letter. If changes to your resume/cover letter are recommended, make the changes ASAP.
- Make sure that the site you are requesting has a webpage and that they provide SPEECH THERAPY. We have had many requests for sites that provide drug rehab, pain management, or physical therapy only.
- Attach a brochure and/or information about the site. We need to know about the facility. You should be choosing sites that you have an interest in, or those that have a great program, not just some site that came up first on Google.
- The signed Submission Checklist for Off-Campus Placements

Students will be placed at off-campus practicum sites by the Placement Coordinator and Clinical Director.

- Students may **request** specific sites, but **MUST NOT** contact those sites *to arrange placement* until approval has been granted by Program personnel.
- **Students should contact sites before submitting their placement requests ONLY to verify contact information and to see if the site is appropriate for placement and is accepting students.**
- Students will be instructed when to initiate contact with personnel at the site by Placement Coordinator or the Clinical or Program Director.

_____ I have read and understand these statements.

- Information for potential practicum sites should be submitted **in advance as specified above** (FIRST SEMESTER STUDENTS WILL SUBMIT ASAP). Failure to do so or failure to submit complete and accurate information may result in delayed practicum placements. This may result in an inability to accrue needed clock hours in a timely manner and may ultimately delay graduation. **Intentionally delaying your paperwork submission to avoid taking practicum in a required semester may result in a Letter of Reprimand, a Remediation Plan, or temporary suspension from the program (or otherwise result in your inability to enroll in any academic coursework for that semester).**

_____ I have read and understand these statements.

- Off campus clinical practicum assignments may require travel time. While the program will make every attempt to accommodate student requests to limit this travel, drive time of 30-45 minutes is quite often necessary for some student placements. Refusing a placement within a 45-mile radius of the agreed upon locale is unacceptable to the Program and may result in no placement alternative for students who decline placements during the semester they decline.

_____ I have read and understand these statements.

- Students who refuse a placement from their submitted practicum request list OR from within their selected location should not expect an alternate site until the following semester. If you submit a site and we secure it for you, you will be expected to attend that site placement, even if you would prefer a different site from your submitted list.** Students will be required to sign a formal, dated statement declining a proposed site and provide a rationale for why the site was declined. If there is a reasonable explanation as to why a particular site would be inappropriate for the student (e.g., a personal relationship with the supervisor or administrator), that information should be conveyed to the Clinical Director as early as possible.

_____ I have read and understand these statements.

- Clinical practicums have a **minimum term of 14 weeks (or equivalent, as approved by the Clinical Director)**. Clinical internships have a **minimum term of 8 weeks (or equivalent, as approved by the Clinical Director)**. Equivalent terms will only be considered when exigent circumstances have been established. All 589 placements must be (minimally) **5 full days per week**.

Please note that all students must follow the established schedule of the site – workdays which exceed 8 hours per day and/or a 6 day per week work schedule is sometimes required. Students should typically expect to be at the site for 8 hours per day but this may vary according to the needs of the site and the schedule of the supervisor. Some placements may operate with non-standard work days (e.g., 7 am to 7 pm, weekend shifts). Again, **students are expected to complete the entire term of their assignment, including those days which may be university holidays**. Students must be at their site through the last day of practicum. Failure to complete the entire term or follow the established schedule of the site is a violation of mandatory behaviors and students may earn a “C” for their practicum.

_____ I have read and understand these statements.

- All off campus clinical placements require affiliation agreements between the university and the clinical site. Students are responsible for requesting a copy of the appropriate governing agreement from the ENMU SHROC, for reviewing their obligations with the Clinical Director, and for abiding by the requirements set forth in each agreement. This may include the **completion other trainings or the provision of other requirements** as directed by the clinical facility (e.g., personal health and accident insurance). **Requirements of off-campus sites vary and are not within the purview of the ENMU SHROC. Please note that some academic accommodations available for students with disabilities may not be available for off-campus students at all sites.**

_____ I have read and understand these statements.

I understand that off campus clinical assignments (practicum outside the clinic) do not preclude additional assignments in the ENMU CDIS Speech and Hearing Rehabilitation Outreach Center **if these assignments are necessary for the student to meet KASA outcomes.**

I have **read** all prior statements and agree to **comply** accordingly.

Signature _____ Date _____

Print Name _____