#### AGENCY-STUDENT PRACTICUM AGREEMENT FORM

To be completed by the student:

Your name Phone

To be completed by the Agency:

Name of Agency:

Agency Address:

City State Zip

Agency Supervisor’s Name:

Supervisor’s Phone: ( )

Supervisor’s E-mail:

The duration if the practicum is 560 hours and a minimum of 14 weeks.

Starting Date: Ending Date:

Salary/Stipend (if applicable)

Would this Student be covered by your agency’s:

|  |  |  |
| --- | --- | --- |
| General liability insurance? | Yes  | No |
| Workman’s compensation insurance? | Yes  | No |

This agency hereby agrees to provide supervision for the above named student during the student’s practicum experience under the provisions listed above.

Agency Representative Date