



Clinical Experience Contract

I, _____ understand that in order to complete the clinical education component of my education within the OSU ATEP I must complete all clinical proficiencies during the _____ semester of 20__ to fulfill partial requirements of HHP _____: Practicum in HHP-Athletic Training.

This contract provides a written agreement and schedule needed to completely fulfill my requirements to remain in the ATEP and progress to the next phase (level). I understand that I must complete all requirements to the satisfaction of the OSU Approved Clinical Instructor (ACI) or CI before the end of the _____ 20__ semester. At that time, the all documented proficiencies and evaluations will be reviewed and upon approval, the letter grade received in HHP _____: Practicum in HHP-Athletic Training will be assigned by the course instructor.

I understand that I am responsible to individually meet with my assigned ACI or CI (approved by the OSU ATEP) during the week **prior** to beginning my assignment. At that time, the ACI and I will develop a schedule that will serve as my clinical contract. It will be my responsibility to report at my scheduled times and contact the ACI immediately if any changes occur. A copy of this schedule must then be approved by the OSU ATEP program director or Clinical Education Coordinator **PRIOR** to the beginning of the clinical experience. At the completion of the clinical experience, the supervising ACI or CI will complete an evaluation of the student's performance. A satisfactory evaluation must be accepted in order for the clinical experience contract to be fulfilled.

If I fail to meet the stipulations set forth in this contract, I understand that I will not be placed in a clinical rotation in the proceeding semester thereby discontinuing my progress in the Clinical Education component of the ATEP and will be subject to other ATEP regulations including probation or dismissal from the program.

Student's Name: _____ (Printed)

Signature: _____ Date: _____

ACI Signature: _____ Date: _____

Clinical Education Coordinator: _____ Date: _____

**Oklahoma State University
Athletic Training Education Program**

Please circle **FALL** **SPRING 20__ Clinical Site Contract**

Student's Name:	Approved Clinical Instructor's name:
Contact Information:	ACI site:
	ACI Contact Information:

This contract is to reflect the expectations of the student assigned to the supervision of the above mentioned ACI during the current session. During the orientation meeting occurring the **week prior** the beginning of the clinical experience rotation, the student and ACI will develop a clinical experience schedule that accommodates the clinical site hours of operation. Every effort should be made to adhere to this schedule and any changes must be pre-approved by the supervising ACI.

Student's Clinical Experience site Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Dates (tournaments, travel, clinical hours, etc):

Students Signature: _____ Date: _____

ACI Signature: _____ Date: _____

OSU ATEP CEC/ Director: _____ Date: _____

Copy to Student

Copy to ACI

Copy to OSU ATEP CEC