

**ATTACHMENT A****PRACTICUM PROPOSAL****A**

**Introduction of the Concordia University Practicum Program:** Concordia University seeks to provide its students with real-world experiences in fields related to their chosen or contemplated professions. We are dependent on professionals in the various disciplines to assist us by providing that experience. We seek a good match between the competency and area of expertise of the Practicum Site Supervisor and the interests and needs of the Practicum student. The practicum experience grants 3 semester hours of credit for approximately 135 hours of work in clinic, agency, hospital, office, laboratory, or place of business. The university is extremely grateful for the many individuals who have provided high-quality experiences to our students through the years. The practicum experience is often a life-changing experience for the student.

**Expectations of the Practicum Site Supervisor:**

If an individual decides to become a Practicum Site Supervisor, they will be expected to do the following:

1. Provide meaningful activities in a relatively safe environment for the student that will assist that student in deciding upon the profession as a future direction.
2. Provide oversight of the activities of the student, allowing as much independent action by the student as is possible under the professional guidelines at work.
3. Evaluate the activities of the student and offer constructive criticism of his or her activities.
4. Meet with the Concordia University Faculty Practicum Advisor at both a mid-term and final point in time to provide formal evaluation of the experience and assistance in improving the experience for the future.
5. Provide assurance that the student's activities will be covered by the liability insurance of the organization sponsoring the practicum and, if required, direct the student to obtain a current Certificate of Insurance from Concordia University demonstrating its own liability coverage under the university's general liability coverage of the student while in the practicum. (See the \* below for more details.)

6. *Contact the Concordia University Faculty Practicum Advisor immediately if there are concerns about the behavior or performance of the student.*
7. *Direct all questions about the practicum to the Concordia University Faculty Practicum Advisor.*

***Again, Concordia is deeply appreciative of your willingness to assist us in this process.***

Name of Practicum Site Supervisor: \_\_\_\_\_

Organization Supervisor Represents: \_\_\_\_\_

Practicum Site (Location or Branch): \_\_\_\_\_

Practicum Site Supervisor's Address: \_\_\_\_\_

Practicum Site Supervisor's Work Phone Number: \_\_\_\_\_

**Practicum Site Supervisor's E-mail:** \_\_\_\_\_

*Request your Practicum Site Supervisor to describe in this space the specific nature of your activities in this practicum, the dates of the practicum, and the amount of time you will be working on these activities.*

**Nature of activities:**

**Proposed start \_\_\_\_\_ and end \_\_\_\_\_ dates of the practicum.**

**Total anticipated hours the practicum will entail:**

\_\_\_\_\_  
SIGNATURE OF PRACTICUM SITE SUPERVISOR

\_\_\_\_\_  
DATE

## ACADEMIC PRACTICUM STUDENT AGREEMENT & RELEASE

Students must submit this completed form to their Concordia University Faculty Practicum Advisor prior to starting a Practicum and no later than the second Wednesday of the term in which the Practicum will be completed or May 15 if the Practicum is to be completed in summer term.

**THIS IS A RELEASE. PLEASE READ CAREFULLY.**

I, \_\_\_\_\_, Concordia University Portland

ID# \_\_\_\_\_ am a student at Concordia University Portland and plan to

undertake a practicum during the following dates \_\_\_\_\_  
at the following location (please print):

\_\_\_\_\_  
ORGANIZATION NAME

\_\_\_\_\_  
PRACTICUM SITE SUPERVISOR NAME

\_\_\_\_\_  
ORGANIZATION ADDRESS

\_\_\_\_\_  
CITY / STATE / COUNTRY

\_\_\_\_\_  
PRACTICUM SITE SUPERVISOR PHONE

\_\_\_\_\_  
PRACTICUM SITE SUPERVISOR E-MAIL

Concordia University Portland itself does not control the way in which this educational opportunity is structured or operates. In granting credit for an internship, the University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in a liberal arts program of study and worthy of academic credit but makes no other assurances, expressed or implied, about any travel and living arrangements the student has made.

Concordia University Portland does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the college and its agents or employees.

**INSURANCE COVERAGE:**

I have sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for any expenses not covered by this insurance, and I recognize that

\_\_\_\_\_ does not have an obligation to provide me  
NAME OF HOST ORGANIZATION

with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release

\_\_\_\_\_ from any liability for injury to myself or damage to  
NAME OF HOST ORGANIZATION

or loss of my possessions. Some practicums or internships may require liability insurance depending on the specific site. (See the \* below for more details.)

**PERSONAL CONDUCT:**

I understand that the responsibilities and circumstances of an off-campus Practicum may require a standard of decorum which may go beyond the code of conduct of Concordia University Portland, and I indicate my willingness to understand and conform to the professional, social, and cultural standards of the Practicum site. I further understand that my conduct and performance may determine whether future practicums are available. I agree that I will conduct myself so as not to compromise Concordia University Portland in the eyes of individuals and organizations with which it has dealings, and I acknowledge the Concordia Faculty Practicum Advisor’s responsibility for setting rules and interpreting conduct for this purpose. I agree that should the Concordia Faculty Practicum Advisor decide that I must be terminated from my Practicum because of conduct that might bring the program into disrepute or the Practicum site into jeopardy, that decision will be final and may result in the loss of academic credit.

**GENERAL RELEASE:**

I understand that Concordia University Portland reserves the right to make cancellations or changes in cases of emergency or in the general interest of the Practicum program.

It is further expressly agreed that the Practicum site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that Concordia University Portland shall not be liable for any claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or property arising out of or connected with the Practicum and with the use of any services, or facilities associated with the Practicum, whether or not sponsored by Concordia University Portland; and I do hereby expressly forever release and discharge Concordia University Portland from any claims, demands, injuries, damages, actions, or causes of action, arising from or related to any acts of active or passive negligence on the part of Concordia University Portland and/or its officers, employees, or agents.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE OF AGREEMENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AGE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
*(if student is under age 18 at time of internship/practicum)*

\_\_\_\_\_  
DATE

**Faculty Practicum Advisor Agreement:**

I agree to supervise the practicum of the above- named student and will meet the requirements stated in the Practicum Policy and Procedure Guidelines.

\_\_\_\_\_  
STUDENT NAME (Print)

\_\_\_\_\_  
STUDENT ID NUMBER

\_\_\_\_\_  
PRACTICUM ADVISOR NAME (Print)

**Assistant Director:**

I have confirmed that this student is enrolled in the Practicum course at the time they are carrying out the practicum.

\_\_\_\_\_  
ASSISTANT DIRECTOR SIGNATURE (see box below)

\_\_\_\_\_  
DATE

Course #: \_\_\_\_\_ 496    CRN: \_\_\_\_\_    Semester & Year: \_\_\_\_\_

\_\_\_\_\_  
ASSISTANT DIRECTOR SIGNATURE (see box below)

\_\_\_\_\_  
DATE

*\*In order to obtain a Certificate of General Liability Insurance from Concordia University's insurance company, the student must petition his/her Department Assistant Director. The Assistant Director will send a copy of this completed form to Denny Stoecklin in Business Services and he will request the certificate from the insurance company. The Practicum student has the responsibility to make sure the certificate has been forwarded to the host organization.*

Sonja Baumeister Assistant to the Dean – Theology, Performing & Visual Arts, & Humanities (GRW-315)  
Ruth Stephens Assistant to the Dean – Psychology (GRW-315K)  
Kaycee Gillespie Assistant to the Dean – Math/Science (L-114)

**NOTE: THIS COMPLETED APPLICATION MUST BE TURNED IN TO YOUR ASSISTANT DIRECTOR NO LATER THAN THE FOLLOWING DATES:**

- ✓ For FALL Semester Practicum: *Second Wednesday of the term*
- ✓ For SPRING Semester Practicum: *Second Wednesday of the term*
- ✓ For SUMMER Semester Practicum: *May 15*

**THE ORIGINAL COMPLETED FORM WITH ALL SIGNATURES MUST BE SUBMITTED TO THE DEPARTMENT ASSISTANT TO THE DEAN NO LATER THAN THE FOURTH FRIDAY OF THE TERM OF THE PRACTICUM.**  
**ALL PARTIES SHOULD RETAIN A COPY OF THE COMPLETED FORM.**

