

Kentucky State University BSW Practicum Student Agreement and Liability Waiver

Kentucky State University social work major students who wish to participate in a practicum for which they will receive academic credit or which is associated in any way with Kentucky State University must read, understand, and sign the following. Please contact the Director of Field Education with any questions.

This is a release of legal rights. Read and understand before signing.

"Kentucky State University" is understood to refer to the President and Trustees of Kentucky State University and its officers, employees, agents, and instructors.

I have been offered the opportunity to participate in two semesters of the social work field education program (also referred to as social work practicum) affiliated with Kentucky State University. I accept my admission to the program and agree to the following:

1. Community Standards. I must abide by the Kentucky State University Standards as well as all applicable Kentucky State University policies, rules, and regulations while participating in the program and I may be subject to disciplinary action for violations of those policies.
2. Facility Procedures. I will abide by the policies and procedures of the facility that is providing my social work practicum opportunity. I understand that I must act in a professional manner at all times. I am also, if applicable, subject to the disciplinary processes of the facility.
3. Withdrawal. If I withdraw from the practicum placement after accepting admission, I understand that I must do so in a manner that is professionally responsible and considerate of the operations of the facility. I also understand that I will forfeit any credit hours that I would have earned if I had not withdrawn from the program, and, if withdraw after the refund deadline, I will also forfeit any tuition cost associated with the practicum.
4. Dismissal. If my behavior gives my supervisor or sponsoring faculty member reasonable cause to believe that my continued participation in the practicum poses a danger to the health or safety of persons or property, or impedes, disrupts, or obstructs the school's operations in any way, I will be immediately dismissed. I will forfeit any course credit hours I would have earned if I had not been dismissed from the practicum, and, if I am dismissed after the refund deadline, I will also forfeit any associated tuition costs.
5. Background Check. I understand that I must cooperate with the internship facility if it requires a background check on practicum students. I understand that the facility will use the results of such check to determine my eligibility for the program. Kentucky State University is not responsible for performing background checks.
6. Liability Insurance. I certify that I have current, valid student liability insurance coverage that begins on or prior to the first day of my practicum. Upon request by the facility or by Kentucky State University, I will submit to the facility written evidence of such coverage.

7. Immunization Records. If my practicum is at a medical facility that requires interns to have received certain immunizations and/or exposure tests before the beginning of my internship, I will forward written evidence of such immunizations and/or exposure tests upon the request of the facility or the University.
8. Patient Privacy. If my practicum is at a medical or mental health facility, I will comply with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and with the facility's related policies and procedures. I will safeguard "protected health information" by not repeating, relaying, or otherwise sharing any information about any patient I encounter, except as it may be necessary to share such information with other professionals at the facility or with sponsoring faculty members. I understand that it is never appropriate to share such information with individuals who are not directly involved in my internship program; this includes not revealing a patient's name or other identifying information. If I violate patient privacy in any way, even by accident, I will immediately notify my supervisor.
9. Health and Safety. I will abide by the health and safety guidelines issued by federal, state, and local authorities, as well as any requirements of the facility. I have read the guidance from the CDC and the Commonwealth of Kentucky (or the state in which the practicum is located) pertaining to COVID-19 and will exercise great care to protect myself and the people around me. Such protective measures include: wearing a face mask or other personal protective equipment, maintaining at least six feet (or other required minimum) from other people, washing or sanitizing my hands often, and ensuring the cleanliness of my immediate work space. I will immediately notify my supervisor of any concerns I have regarding the health and safety of my workspace.
10. Risks. I understand that participation in social work field education may subject me to risks not found in study at Kentucky State University that could result in illness, injury, and even death. Such risks include, but are not limited to, those associated with traveling to and from the facility; different standards of health, safety, maintenance of buildings, public places and conveyances; and increased crime and pollution. Kentucky State University's evaluation of the practicum is based solely on its experiential and mission-related merits; Kentucky State University does not represent or act as an agent for, and cannot control the acts or omissions of, anyone associated with the practicum. Kentucky State University is not responsible for matters that are beyond its control, and cannot warrant the safety or convenience of the circumstances under which I will be working or traveling. I understand that I must independently evaluate whether the practicum will take place in a safe and secure environment by my own personal standards. It is my responsibility to take every precaution to safeguard my health and personal belongings from damage or theft. At no time should I enter or remain in a space that does not meet my standards of safety and security.
11. Liability Waiver. Having made my own investigation into and assessment of the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to knowingly and willingly assume all the risks and responsibilities associated with my participation in the social work practicum. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Kentucky State University and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the

practicum (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary negligence, gross negligence, or willful acts.

12. Voluntary participation. I have chosen to undertake the Social Work Field Education Program voluntarily. Although participation in the practicum may be required in order to obtain a professional license or meet the requirements of an academic program, I was not required to participate in the internship as a condition of receiving a degree from Kentucky State University.

13. Governing Law. Any dispute arising from this Agreement will be determined according to Kentucky law.

I acknowledge that I have had an opportunity to ask questions about the terms of this agreement. I have read and understand the document, I accept its terms, and I sign it knowingly and voluntarily. I also understand that if I am a financial dependent for financial aid purposes, Kentucky State University may provide a copy of this form to the parent(s) or guardian(s) claiming me as such. I understand and agree that this document reflects the entire understanding of the parties and that no oral or written representations can or will alter the contents of this document.

In signing this document, I certify that I am at least 18 years old. If I am under the age of 18, my parent or guardian will sign on my behalf.

Student Signature

Date