UNIVERSITY OF OKLAHOMA INTERNSHIP (LIS 5823)
MEMORANDUM OF UNDERSTANDING

ATTACHMENT A
STUDENT ACKNOWLEDGEMENT AND RELEASE

On this ____ day of _________________, 20____, ______________________
(Student’s name)
(“The Student”) accepts the following responsibilities in order to participate in the Practicum with the Facility:

A. The Student shall act professionally and ethically at all times at the Facility.

B. The Student shall respect the confidentiality of information that the Facility indicates is confidential, and any personal, sensitive, or private information that he/she discovers or has access to, including but not limited to medical records, both during and after the Practicum.

C. The Student shall adhere to Facility and University policies, procedures, and operating standards, and complete and submit all required documentation, including proof of immunizations, drug tests or background checks.

D. The Student will prepare for and participate in any evaluation conferences that the University or Facility may require.

E. The Student is responsible for acquiring and maintaining his/her own health and accident, automobile, and professional liability insurance, if required.

F. Participation in this Practicum does not make the Student an employee of the Facility or the University or entitle him/her to financial remuneration, unless agreed by the Facility and Student in advance and in writing.

G. The Student travels to and from the practicum/internship at his/her own expense and risk.

These terms shall serve as a release and assumption of risk for myself, my heirs, estate, administrator, assignees, legatees, members of my family, and any other representative.

APPROVED:

___________________________________ ________________________
Student signature       Date       Print Student name

___________________________________ ________________________
Witness signature        Date       Print Witness name

Student ID# _________________