Manual of Externship Policies and Procedures
Speech-Language Pathology

Department of Communication Sciences & Disorders
Idaho State University
Pocatello, Idaho
Meridian, Idaho

Approved
February 24, 1998
Revised May 2021

NOTE: Students are responsible for the information contained in this manual, including policies, procedures, externship requirements and deadlines. This manual supersedes all prior externship manuals.
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I. Introduction
   A. The externship program in Speech-Language Pathology is established to provide graduate students with a quality full-time clinical experience outside the university setting as their last educational experience.
   B. These externship placements are designed to adhere to the educational guidelines established and required by the American Speech-Language-Hearing Association (ASHA).
   C. The student is allowed to select an approved externship training facility according to his/her interests and future employment goals in various settings.
   D. The externship settings may include schools, acute care hospitals, rehabilitation facilities, clinics, private practices, or other agencies.
   E. The externship experience is designed to allow the student extern to assume the supervising clinician’s caseload. The student should not assume or develop a case load that is independent of the supervising speech-language pathologist or audiologist.
   F. The externship program is an opportunity for the extern to apply the academic and clinical knowledge base and gain additional experience in the selected externship setting.
   G. Scheduling:
      1. The externship for all students is to be scheduled during their final semester of the graduate program.
      2. Students will enroll for eight (8) credits in CSD 6606 (Speech-Language Pathology).
      3. The externship will be scheduled for a minimum of eight (8) weeks. A longer time period may be required by some externship placement sites.
      4. The externship will be a full time placement equal to 36-40 hours on site per week.
      5. Each student will obtain a minimum of 100 clock hours of clinical experience while participating in the externship experience.
   H. Students may receive payment while completing the externship. However, the issue of a stipend and/or a scholarship allowance does not override any other requirement of the externship including the on-site supervision requirements and the amount of direct supervision provided by the direct supervisor(s). If a student receives any form of a stipend and/or a scholarship allowance during the externship, that information must be communicated by the student to the externship coordinator in a letter stating the form of the payment during the externship. That information will then be confirmed with the externship program coordinator or the direct supervisor.
II. Externship Program Objectives
   A. To provide the student with clinical educational experiences which are not available in the university setting.
   B. To allow the student the opportunity to individualize his/her clinical training experiences according to his/her professional interests and future employment goals.
   C. To provide the student with the opportunity for interdisciplinary experiences with a variety of professional disciplines within the externship setting when available.
   D. To provide the student with an opportunity to become familiar with the scope of professional practice within the externship setting, which may include administrative requirements, regulations, policies, documentation, service delivery models, program evaluation procedures, physical plant and financial aspects.
   E. To allow the student the opportunity to increase his/her independence and skill levels in professional competency areas.
   F. To provide the student with a range of supervisory and collegial experiences beyond those provided in the university setting.
   G. To acquaint professionals in the externship sites with the professional abilities and qualities of graduate students in speech-language pathology from Idaho State University.

III. Student Requirements for Placement in the Externship Program
If the following are not met prior to externship,
   A. All academic course work will be satisfactorily completed with no active remediation plans in progress.
   B. All Idaho State University clinical practicum requirements will be satisfactorily completed including the following:
      1. Clinical experience will be obtained in each category required for certification by The American Speech-Language-Hearing Association (ASHA).
      2. All clinical clock hour requirements will be met except those expected to be fulfilled on the externship.
      3. A minimum of 275 clinical clock hours will be obtained prior to beginning the externship. It is the student’s responsibility to be in contact with their clinic coordinator for their campus in advance of completing their final placement prior to externship if they believe they will be short of the hours necessary to meet this minimum so that a plan can be put in place to meet this requirement before beginning externship.
   C. Capstone Project/Thesis/Master’s Paper will be successfully completed prior to beginning the externship placement. This includes completion of the associated oral examination process.
   D. Satisfactory grades (B- or greater, or S) must be received in all clinical practicum
placements in the semester prior to externship placement.

IV. Overview of Externship Application Process
   A. Preliminary procedures:
      1. The student and academic advisor should discuss interests in specific training sites and experiences early in the graduate program.
      2. The student should investigate possible externship sites to gain additional information on the opportunities available at the various sites.
      3. The student should determine the various application requirements for possible externship sites.
         a. Some sites require the application to the site be completed as early as one year prior to placement.
         b. The student is responsible for determining specific site application procedures and due dates.
      4. The student should visit specific externship sites if possible. This should occur at any time in the first 3 semesters of graduate school.
      5. The thesis prospectus must be approved by the deadline for the externship application.
   B. Specific Procedures:
      1. The Externship Application and other processes associated with the application process are completed by the student.
      2. The application process will be completed by the due dates listed below according to the projected dates of externship.
         b. Fall externship – May 1.
         c. Spring externship – October 1.
      3. All possible efforts to establish an externship site by the projected dates will be made by the department for applications received by the due date and when initial site contacts have been made by the student prior to submitting the externship application.
         a. Applications received after the date due will be dealt with in the order received.
         b. Establishment of an externship by the projected date of externship may not be completed for late applications and externships may be delayed to the following semester.
      4. The following should be completed for each site listed on the externship application:
         a. The student has contacted the site and discussed the possibility of scheduling an eight week externship.
         b. The student has determined that the site will provide the clinical, educational, and professional experiences that are
being sought during the externship placement.

c. The student has determined the application procedures (if any) of the site and has begun the process. The site MAY require any or all of the following:
   i. Application letter/form
   ii. Transcripts
   iii. Letters of recommendation
   iv. Resume
   v. Site interview
   vi. Drug/alcohol test
   vii. Background check
   viii. Proof of vaccinations (including flu shot, COVID, etc.)
   ix. Access to an onboarding system (e.g. myClinicalExchange)
   x. Other forms/documents

d. The student has contacted Donna Parker (donnaparker@isu.edu) to confirm that the facility has a current affiliation agreement with the university. If there is not a current affiliation agreement, then this process should be initiated with Donna Parker. Affiliation agreements can take upwards of three months or more to obtain, so it is important to obtain this information early. A placement cannot begin until an affiliation agreement has been completed.

e. It is the student’s responsibility to complete the application process and meet deadlines established by the site.

f. If there are any costs associated with additional testing, onboarding systems, background checks, etc., these costs are the student’s responsibility.

g. If the site has a selection process and numerous students have listed that site as their preferred site, all students applying for that site will be notified so they may begin to investigate an alternate externship site in the event they are not selected for that site.

5. It is the student’s responsibility to secure their externship site. If a site has not been confirmed by the application due date, then it is strongly encouraged to have a second site identified as a backup in order to avoid a program extension. Once a site has been confirmed, it is the student’s responsibility to update their application and inform the clinic coordinator.

6. It will be the student’s responsibility to follow up with any additional sites they have communicated with if they will be
attending their externship at a different facility. Please do so professionally, indicating that you have been given an opportunity to complete your externship at a facility that will provide you with experiences that you are still in need of for program completion.

C. Once the Externship Application has been received and the placement confirmed, the externship coordinator will initiate the formal externship procedures by contacting the supervisor and providing the necessary policies and procedures for the externship placement.

D. When multiple students apply for a specific site, selection of the individual(s) to complete the externship will be conducted by the site personnel.

E. Departmental externship interviews may be required prior to finalizing externship placements if deemed necessary by the student’s academic advisor (Appendix B).

F. The Department of Communication Sciences & Disorders reserves the right to deny a student his/her selected externship placement.

V. Student Extern Responsibilities

A. Pre-externship responsibilities prior to formalizing site placement:
   1. Discuss externship plans with academic advisor, clinic coordinator and/or other faculty members/professionals to establish list of potential sites.
   2. Investigate possible externship sites to gain additional information on the opportunities available at the various sites.
   3. Contact selected externship site(s) to discuss the possibility of completing an externship at the site and to determine the site’s application process.
   4. Complete externship site(s) application procedures.
   5. Keep copies of all correspondence with facilities, supervisors, as well as any application or documentation procedures required by the facility. These may be requested by the externship coordinator at a later time.
   6. Fully complete all areas on the Externship Application (Google Form on Moodle CSD 6602L site) for each site to be considered by the due date established. The areas that must be completed are:
      a. Personal data
      b. Expected dates of externship
      c. The site name
      d. Program title
      e. Full address of the site
      f. Contact phone numbers for the site
      g. Contact individual for the speech-language pathology division
      h. Program manager or education coordinator for the site
i. Site application procedure
j. Expected date of acceptance from site
7. Once you have selected your “first choice” for externship placement, contact your alternate sites and inform them that they are not your first choice.
8. Assist clinic coordinator in establishment of externship site and other arrangements when asked.
9. If completing the thesis option, complete thesis prospectus process.

B. Pre-externship responsibilities after formalizing site placement:
1. Send email to direct supervisor within 2 weeks of receiving the confirming letter to communicate in writing the following:
   a. Professional resume
      i. Summary of previous clinical experience including disorder areas and total hours (at the end of the fall semester).
      ii. Review of academic courses highlighting those related to the externship placement.
   b. Requests of clinical experience in specific clock hour areas.
   c. Indication of specific interest areas.
   d. State planned dates of externship.
   e. Indication of plans for externship (date of arrival, etc.).
2. Read the affiliation agreement between the externship site and Idaho State University and the Information Regarding Affiliation Agreements to become familiar with all information contained in the Affiliation Agreement.
3. One month prior to beginning externship placement:
   a. Contact direct supervisor or program coordinator to establish first day responsibilities (i.e., when to meet/where to meet/who to meet).
   b. Discuss specific clinical training needs (i.e., hour requirements, interest areas) for the externship placement with the direct supervisor or program coordinator.
4. **Orals, thesis or written comprehensives, must be successfully completed** before beginning externship placement.
5. Complete and submit in Moodle (CSD 6606 Externship) the Confidentiality Understanding (Appendix C) and the Agreement of Confidentiality and Non-disclosure (Appendix D).
6. Update **Health Records Requirements** in CALIPSO and provide to the facility if required by the affiliation agreement or site supervisor.
7. Complete any other site requirements, such as orientation meetings, that may be required by the site.
C. Externship responsibilities:

1. Participate in all clinical activities of the site as directed by site supervisor in accordance with ASHA training requirements.

2. Follow orientation, observation and clinical activities schedule as directed by the site supervisor.
   a. Maintain clinical clock hours on a daily basis on the Daily Hour Summary Form.
   b. Treatment clock hours are those hours accrued in clinical management including direct, progress monitoring activities, and counseling.
   c. Assessment or evaluation clock hours are those hours accrued while screening, assessing or diagnosing communication disorders prior to the initiation of treatment.
   d. The clinical clock hours accrued during the externship include all clinical experience in which the student is directly involved in the treatment or assessment session, whether or not the direct supervisor is involved.
   e. Observation without direct participation in the session does not count toward clinical clock hours.
   f. Review record of clinical clock hours on a weekly basis with supervisor to ensure that there is agreement in accrual of hours.

3. Assume all professional responsibilities that are required at the externship site. These include but are not limited to:
   a. Attendance and absence policies
   b. Maintaining full day time commitments
   c. Professional appearance and demeanor

4. Wear name tag identifying self as a graduate student from Idaho State University.

5. Take care to never represent self as an employee, agent or representative of the facility.

6. Schedule a midterm meeting during the fourth or fifth week of the externship with the direct supervisor:
   a. Discuss midterm evaluation and sign/submit the Performance Evaluation in CALIPSO

7. Schedule a meeting during the last week of the externship with the direct supervisor:
   a. To discuss final evaluation and sign/submit the Performance Evaluation in CALIPSO
   b. To review hours obtained during the externship and obtain site supervisor approval of clock hours in CALIPSO during the final week of the externship.

8. Contact the ISU Clinic Director when more than three (3) absences
have been accrued. If there are excessive absences, the student may be required to extend the externship placement.

9. Follow externship schedule and placement as arranged. No changes may be made in number of weeks or site scheduled unless first approved by the externship coordinator.

D. Post externship responsibilities:

1. Complete the Supervisor Evaluation Survey – a link will be sent to you via SurveyMonkey near the end of your placement.

2. Submit the following completed forms to the appropriate externship coordinator. These forms must be received by the Department of Communication Sciences & Disorders by the end of the semester to assure graduation. Specific dates for each semester's externships will be announced. The Daily Hours Summary Form does NOT need to be turned in, but this should be kept by the student until completion of their CF if requested by the clinic coordinator/director.
   a. **Performance Evaluation** in CALIPSO
   b. **Clock hours approved by supervisor** in CALIPSO
   c. **Petition sent via email to Shauna Smith** (Meridian/Pocatello) or Amy Hardy (online) if deficient in more than 3 hours in any area.
   d. **Supervisor Evaluation Survey**

3. A final grade will not be recorded until all forms and reports are submitted to the externship coordinator.

E. Contact externship coordinator for clarification and/or additional information when needed.

VI. **Site Supervisor Responsibilities**

A. Be currently certified by the American Speech-Language-Hearing Association (Certificate of Clinical Competence).

B. Completed a minimum of two hours of ASHA approved continuing education in supervision training as required by ASHA.

C. The site supervisor should have two years of experience after the completion of the clinical fellowship year. One year of that experience should be in the type of setting in which the student will complete the externship.

D. Provide direct supervision of student extern’s clinical work.

   1. At a minimum, directly observe 25 percent of student clinician’s total contact time in clinical treatment and assessment with each client, over the course of the externship. (Medicare and Medicaid require 100% supervision for billing purposes.)
   2. Provide feedback (written and/or verbal) to the student regarding strengths and areas to improve, etc.

E. The program and site supervisor must assure that the welfare of each client/patient served by the student is protected.
1. The supervisor and /or other professionals should be readily accessible to students who are in the process of providing clinical services in order to assure that services are consistently delivered in a manner that best serves the needs of the client and ensures that client safety is maintained.

2. On a limited basis it is acceptable for the direct supervisor to be off-site.
   a. If it is necessary for the supervisor to be off-site, an appropriate person who will be on-site must be designated (e.g. another speech-language pathologist or audiologist in the facility, teacher, program coordinator, nurse) for the student.
   b. The student is to be notified each time that the direct supervisor will be off-site as well as who will be the designated individual.
   c. The site supervisor will notify the externship coordinator if she or he will be off-site for more than three days during the placement.
   d. This should occur only when the direct supervisor is confident in the student's abilities to appropriately serve clients/patients since the extern is a student-in-training.
   e. The supervisor should not treat other clients/patients at the same time the student clinician is treating another client/patient.

3. Finally, the supervisor must observe 25 percent of all treatment sessions and 25 percent of all diagnostic evaluations as stated above.

F. The student extern will assume the site supervisor’s caseload while on externship. The student is not to assume an independent caseload or develop a caseload independent of the supervising clinician.

G. Meet with the student by the end of the first week of placement to review and discuss the following:
   1. The student’s academic and clinical background, professional interests, and goals of the externship.
   2. The student’s responsibilities as an extern in the site (i.e., attendance, promptness, personal appearance, confidentiality, policies, procedures and standards of practice).
   3. The professional requirements of the site.
   4. The student’s responsibilities as outlined in this manual.

H. Complete the following near the beginning of the externship and post on CALIPSO:
   1. Register for an account with the documentation tracking system, CALIPSO. Upload state licensure and ASHA certification documentation and complete Site Information Forms on the
CALIPSO website at www.calipsoclient.com/isu for departmental use in meeting ASHA accreditation requirements.

2. Complete or facilitate the completion of an Affiliation Agreement prior to the initiation of the externship placement.

3. If the above forms have been completed recently, completion of these will not be necessary.

I. Review the Externship Manual to become familiar with all Idaho State University policies and procedures regarding the externship placement.


K. Review and discuss the student's clinical performance midway through the externship placement. Completion of the Performance Evaluation in CALIPSO should be used to facilitate this mid-placement review.

L. Discuss any changes in placement length of externship, etc. with the externship coordinator prior to confirming the changes with the student.

M. Complete the following at the completion of the externship:
   1. Performance Evaluation in CALIPSO.
   2. Review and discuss the Performance Evaluation with the extern.
   3. Review the clinical clock hours obtained by the student during the externship placement and approve the submitted clock hours in CALIPSO.
   4. Please note: A grade will not be assigned for the externship until the externship coordinator has received all items listed in Section V. Please complete the Performance Evaluation and approve clock hours in CALIPSO in a timely manner so the student can meet deadlines in order to receive a grade for their externship placement and graduate.
   5. A link to a survey will also be sent via email at the end of the placement that will allow anonymous rating of your experience working with your ISU extern. Information gathered from these surveys is very valuable and helps us to continually improve our program and help students become successful SLPs.

N. Contact externship coordinator for clarification and/or additional information when needed.

VII. Externship Coordinator Responsibilities

   A. Inform the student of their responsibilities in determining the site for externship placement.
   B. Facilitate the student’s application to the selected sites as needed.
   C. Process formal requirements to establish externship sites for all students.
      1. Contact the site program coordinator or direct supervisor to discuss the possible placement.
      2. Provide copies of the Externship Policies and Procedure Manuals to student externs and site supervisors.
D. Verify the certification status of the externship site supervisor.
E. Verify current off-campus liability and student health information for all students.
F. Review the appropriateness of all externship placements. With faculty approval, confirm or deny placement as necessary.
G. Finalize all placements when selections by the facilities have been made and all formal requirements to establish the site have been completed.
H. Confirm the externship with the student and discuss additional information as needed.
I. Confirm the externship with the site program coordinator or direct supervisor and discuss additional information as needed.
J. Assure the externship guidelines are implemented by student extern and supervising clinician.
K. Approve or seek approval from the SLP faculty for any revisions to a student’s externship site, placement, or length.
L. Be available for questions or clarification throughout the externship placement.
M. Review all students’ clinical performance evaluations at the end of the externship, record grades and inform faculty as needed.
N. Review clinical clock hours obtained in CALIPSO.
O. Review the students’ surveys and report to the faculty as needed.
P. Record any site supervisor’s feedback from the surveys regarding the externship program as well as the academic and clinical preparation of the student externs and report to the faculty as needed.

VIII. **Tier 3 Academic Advisor Responsibilities**

A. Discuss possible externship experiences with all graduate student advisees during the first year of the graduate program.
B. Discuss possible student externship placements with the externship or clinic coordinator as needed.
C. Initiate an externship interview if deemed necessary to determine the appropriateness of the externship.
D. Assist the student in completion of the following:
   1. Thesis prospectus approval before externship application date.
   2. Completion of the portfolio and Capstone Project before beginning externship placement.
   3. Oral examinations (thesis defense or comprehensive oral exam) before beginning externship placement.
For externship information, please contact:

Department of Communication Sciences & Disorders
Idaho State University
1311 E. Central Dr.
Meridian, ID 83642

Shauna Smith, Clinic Director & Externship Coordinator for Pocatello/Meridian
ssmith@isu.edu
208.373.1720 office, 208.631.5340 cell

Amy Hardy, Online Coordinator & Externship Coordinator for Online
Amyhardy1@isu.edu
208.373.1724 office, 928.606.4630 cell

Donna Parker, Administrative Assistant
donnaparker@isu.edu
208.373.1942 office, 208.373.1811 fax
Appendix A

EXTERNSHIP APPLICATION
(Completed by Student)

Department of Communication Sciences and Disorders
Idaho State University

PERSONAL DATA:

Name _______________________________________________________

School Address _________________________________________________

City ___________________ State _______ Zip Code ___________ Telephone Number___________

E-Mail Address ___________________________________________________

Permanent Address _______________________________________________

City ______________ State ______ Zip Code __________ Telephone Number _____________

Thesis Option:
Thesis prospectus title______________________________________________________________

Date prospectus approved ___________Advisor: __________________________________________

Portfolio Option:

Objective 1 status: [ ] Approved by both readers  If not approved, explain status:
________________________________________________________________________________

Externship Semester Requested:
[ ] Summer  [ ] Fall  [ ] Spring  (year)

Approximate Dates Requested:

What experiences do you expect to gain from this externship?

What are your professional plans for the future?

Do you have any geographic preferences or limitations? Please explain:

Do we have a current affiliation agreement with this facility?
Appendix A, page 2

**EXTERNSHIP SITE INFORMATION**

1. Site/Facility
   
   Program Title
   
   Address______________________________ City
   
   State______________________________ Zipcode______________
   
   Supervising Speech-Language Pathologist or Audiologist __________________________
   
   ASHA Certificate #
   
   E-Mail_________ Phone
   
   Number of individuals available to supervise with current Certificate of Clinical Competence
   
   Program Manager or Educational Coordinator for site
   
   Phone number for above
   
   List site application procedures
   
   Are site application procedures completed?
   
   Expected date of acceptance
   
   A second site is OPTIONAL, but understand if your first placement falls through, you will be responsible to establish a backup plan. I highly recommend a second choice if you are leaving the area or pursuing a new Affiliation Agreement.

   If you are splitting your externship between two or more facilities, please check here, and fill in the second site below. □

2. Site/Facility
   
   Program Title
   
   Address_________ City
   
   State______________________________ Zipcode____________________
   
   Supervising Speech-Language Pathologist or Audiologist __________________________
   
   ASHA Certificate #
   
   E-Mail_________ Phone
   
   Number of individuals available to supervise with current Certificate of Clinical Competence
   
   Program Manager or Educational Coordinator for site
   
   Phone number for above
   
   List site application procedures
   
   Are site application procedures completed?
   
   Expected date of acceptance

ADDITIONAL COMMENTS:
EXTERNSHIP INTERVIEW

The academic advisor or clinic coordinator may initiate an externship interview for the student prior to the finalization of the placement.

Purposes:
1. To determine the appropriateness of an externship placement in a particular setting or at a particular point in the student’s training.
2. To develop a plan if necessary for preparation for the scheduling of an externship.

Interviewers:
The student’s academic advisor
The clinic coordinator
Additional faculty member in the student’s discipline.
ATTACHMENT A

Confidentiality Understanding

By electronically signing and dating this Confidentiality Understanding, the undersigned Student indicates an understanding of, and agrees to be bound by, a certain Affiliation Agreement between ______________, (“Facility”), and Idaho State University (“Program”).

As a material part of any consideration that Student provides to Facility in exchange for Facility allowing the Student’s clinical education at Facility, Student confirms that any patient information acquired during the clinical education is confidential, and Student at all times must maintain the confidentiality of and not disclose this information, whether during the clinical education or after it has ended.

Student further must abide by the applicable rules and policies of both Facility and Program while at Facility. Student understands that, in addition to other available remedies, Facility immediately may remove the Student and terminate the Student’s clinical education if Facility considers the Student to endanger any patient, breach patient confidentiality, disrupt Facility’s operation, or not to comply with any request by Facility including its supervisory staff.

I have read and understand the components required of Affiliation Agreements between off-campus facilities and the university, and I agree to abide by this Confidentiality Understanding. I understand that I can request a copy of the specific Affiliation Agreement for my facility if I choose by contacting Donna Parker at donnaparker@isu.edu.

_______________________________________________
Student’s Signature        Date
Idaho State University  
Department of Communication Sciences & Disorders  
Agreement of Confidentiality and Non-Disclosure

I recognize that it is a privilege to work in this practicum setting. I also recognize that as a student in this setting, I have access to confidential patient information and business practice information that may be specific to this setting, including business and financial information, trade secrets, business methods and practices, and other proprietary information. As a condition of my practicum experience at the ________________________________, I promise and agree that I will maintain the confidentiality of all patient information and proprietary business information and will not disclose such information to other individuals or entities at any time, whether during or subsequent to my practicum experience.

_____________________________________
Student Signature

_____________________________________
Name

_____________________________________
Date

Since completion of the required background check, have you been charged or convicted of any misdemeanor or felony? Please initial Yes or No.

____ NO       ____YES (If Yes, you must provide an explanation below)

If YES, provide an explanation of charges or convictions incurred. This information is required to ensure that we are in compliance with facility Affiliation Agreements, as some require disclosure of unlawful background information.
**Contact the Clinic Director/Coordinator ASAP to discuss this situation.

_________________________________________________

_________________________________________________

_________________________________________________
Appendix E

Health Records Requirements Form

Student name: ______________________________________       Online ___ Meridian ___ Pocatello ___

All graduate students in the Speech-Language Pathology Program will provide the following information prior to beginning clinical practicum. Please SCAN AND RETURN completed form and copies of all health record documentation directly to Donna Parker at donnaparker@isu.edu no later than Sept 1st. You may also hand deliver them on-campus or mail them to ISU-CSD Attn: Donna Parker, 1311 E. Central Dr., Meridian, ID 83642. We will not be able to make copies for you. Health Record documentation must be copies of official records from a healthcare facility. It is not acceptable documentation for the doctor to sign this form. You must keep original documentation of your health records so that you can supply copies to off-campus clinical placements that require this documentation. Once you have access to CALIPSO tracking system, you will be required to upload all your health records. It will be your responsibility to keep all required immunizations and health information documentation current in CALIPSO.

Health Record Requirements are as follows:

_____Proof of health insurance (copy of current insurance card, front of card only)

_____CPR certification – Course needs to be ‘BLS for Health Care Providers’ and can be in-person or blended (partial online/in-person). CPR certification is good for two years, please provide a copy of certification card.

<table>
<thead>
<tr>
<th>List date(s) for all test/vaccinations/titer(s):</th>
<th>Type of test/vaccinations/titer(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year (date read)</td>
<td>TB skin (PPD) test including results (within last 12 months - you will need one each year)</td>
</tr>
<tr>
<td>2nd year (date read)</td>
<td>Two MMR (mumps, measles, rubella) vaccinations or positive Rubella, Rubeola, and Mumps titers</td>
</tr>
</tbody>
</table>
| 3rd year (if needed)                          | Varicella (chicken pox) vaccination, or positive Varicella titer results
*Vaccination or positive titer is required, even if you have had the chicken pox |
| 1st in the series (date)                      | Hepatitis B vaccination series (3 vaccinations) or positive Hepatitis B titer |
| 2nd in the series (date)                      | Tetanus/Diphtheria vaccination (within the last 10 years) |
| 3rd in the series (date)                      | COVID-19 Vaccination (not required to receive this vaccination, and optional to provide this information) |

Vaccine (circle): Pfizer  Moderna  Johnson & Johnson
Date of final vaccination: