## **CALIFORNIA STATE UNIVERSITY, EAST BAY**

## AGREEMENT FOR FURNISHING CLINICAL EXPERIENCE AND THE USE OF CLINICAL FACILITIES

**THIS AGREEMENT**, made and entered into this <u>24<sup>th</sup></u> day of **September 20<u>13</u>**, by and between the Trustees of the California State UNIVERSITY, hereinafter called the "**TRUSTEES**", on behalf of California State UNIVERSITY, East Bay, hereinafter called the "**UNIVERSITY**", and <u>Liberty Union High School District</u> herein after called the "**AGENCY**".

## WITNESSETH

\\ \\ \\	EREAS, TRUSTEES have approved a Clinical School Counseling and/or School Psychology Program  Wander when return a clinical school program and the use of clinical facilities and
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•	EREAS, UNIVERSITY requires special facilities for the purpose of providing training and desires
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letermine, to the extent that suc	ch participation do	es not interfere v	with normal <b>AGE</b> I	NCY activity:	
G. Provide on any or agreement emergency health can extend as first aid for accidents sure letermine the duration and extended agency's determination in this	stained by a student of necessary e	sulting from the lent; provided, he emergency health	participation by s owever, that the n care services sh	such student in to sole and exclust mall be vested in	the program, as sive authority to AGENCY, and

care services shall also be provided to any member of the faculty of **UNIVERSITY** participating in the program, on the same terms and conditions set forth above regarding students. All costs for such emergency health care service shall be paid by student and/or faculty;

et and maintain the confidentiality of information furnished by HNTVEDCTTY and ACENCY

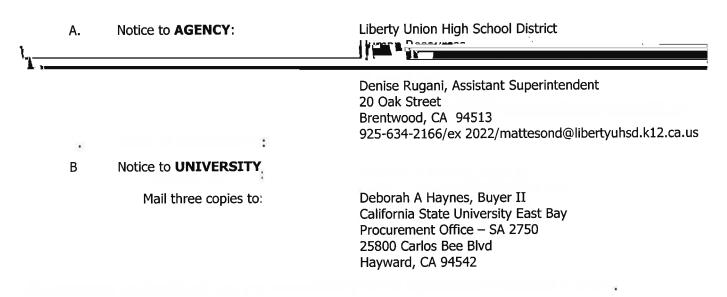
I. Provide all educational supplies and equipment necessary for the instruction of students participating in the clinical program and be exclusively responsible for the care and control of all such educational supplies and equipment. Periodically, it may be necessary for **AGENCY** to provide educational supplies not previously planned for by the **UNIVERSITY** and necessary to the <u>immediate</u> and <u>effective</u> operation of the program. **UNIVERSITY** agrees to reimburse **AGENCY** for items approved in advance only by the **UNIVERSITY** by both the Speech Pathology and Purchasing Departments. Invoices to cover said items shall be submitted in triplicate to the **UNIVERSITY** Accounting Office and shall reference **UNIVERSITY** Purchase Order Number.

, d. 1	J.	Agree that	no person	, patient,	client,	staff or	student	shall,	on the	basis o	f religior	n, race,	color,
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the agreement and the program conducted hereunder.

XIV. Any notice required or permitted to be given by this agreement shall be deemed given when personally delivered to the recipient thereof or when mailed by registered or certified mail, return receipt requested, postage prepaid, to the appropriate recipient thereof, as follows:



This agreement may be altered, changed or amended by mutual agreement of the parties in writing

IN WITNESS WHEREOF, this agreement has been executed by and on behalf of the parties hereto, the day and year first above written.

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By 11-2 -13	Ву
	Name Deborah Haynes
Title Assistant Superi ent	Title Buyer II, Small Business/DVBE Advocate
Date	Date
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