

CALIFORNIA STATE UNIVERSITY, EAST BAY
AGREEMENT FOR FURNISHING CLINICAL EXPERIENCE
AND THE USE OF CLINICAL FACILITIES

THIS AGREEMENT, made and entered into this 24th day of **September** **2013**, 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 **Liberty Union High School District** herein after called the "**AGENCY**".

WITNESSETH

WHEREAS, **TRUSTEES** have approved a Clinical School Counseling and/or School Psychology Program for
~~UNIVERSITY~~ and ~~a program requiring clinical experience and the use of clinical facilities and~~

[Redacted section with multiple horizontal lines]

WHEREAS, **UNIVERSITY** requires special facilities for the purpose of providing training and desires to
~~utilize the facilities of the~~ ~~AGENCY~~ and

[Redacted section with multiple horizontal lines]

determine. to the extent that such participation does not interfere with normal **AGENCY** activity;

G. Provide on any day that a student is receiving clinical experience at the **AGENCY** pursuant to this agreement emergency health care for illnesses resulting from the participation by such student in the program, as well as first aid for accidents sustained by a student; provided, however, that the sole and exclusive authority to determine the duration and extent of necessary emergency health care services shall be vested in **AGENCY**, and **AGENCY'S** determination in this regard shall be conclusive. In addition, the aforementioned emergency health 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;

Respect and maintain the confidentiality of information furnished by **UNIVERSITY** and **AGENCY**;

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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 immediate and effective 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.

J. Agree that no person, patient, client, staff or student shall, on the basis of religion, race, color,

~~birth date, sex, marital status, age, identification, sex, physical handicap, mental disability, medical condition,~~

Code.

The **STATE OF CALIFORNIA** shall provide notice to students that neither **STATE** nor **AGENCY** will

[REDACTED]

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:

A. Notice to **AGENCY**:

Liberty Union High School District

Denise Rugani, Assistant Superintendent
20 Oak Street
Brentwood, CA 94513
925-634-2166/ex 2022/mattesond@libertyuhd.k12.ca.us

B. Notice to **UNIVERSITY**

Mail three copies to:

Deborah A Haynes, Buyer II
California State University East Bay
Procurement Office – SA 2750
25800 Carlos Bee Blvd
Hayward, CA 94542

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.

LIBERTY UNION

CALIFORNIA STATE UNIVERSITY EAST BAY

Name Denise Rugani

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By

11-2-13

By

Name Deborah Haynes

Title Assistant Superintendent

Title Buyer II, Small Business/DVBE Advocate

Date

Date