

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

THIS AGREEMENT, made and entered into this 23rd day of June, 2015, 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**"

WITNESSETH

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

WHEREAS, **UNIVERSITY** requires special facilities for the purpose of providing training and desires to supplement its Program through supplemental clinical experience in usage of facilities at **DISTRICT**; and

WHEREAS, **DISTRICT** has facilities and programs available to furnish such clinical experience, and

the students of **UNIVERSITY** on an advisory and consulting basis at such times and in such number as **DISTRICT** shall determine, to the extent that such participation does not interfere with normal **DISTRICT** activity;

G. Provide on any day that a student is receiving clinical experience at the **DISTRICT** pursuant to

program; said rules, regulations and requirements to be agreed upon by **DISTRICT** and **UNIVERSITY**.

I. Provide all educational supplies and equipment necessary for the instruction of students participating in the clinical program.

The **STATE of CALIFORNIA** has entered into a Master Agreement with the State Compensation Insurance Fund to administer Workers' Compensation Benefits for all State employees as required by the Labor

Code.

The **STATE OF CALIFORNIA** shall provide notice to students that neither **STATE** nor **DISTRICT** will provide Worker's Compensation coverage in the event of injury or condition sustained in relationship to activities contemplated by this agreement.

VIII. **UNIVERSITY** shall defend, indemnify and hold harmless **DISTRICT** and its affiliates, parents and subsidiaries, and any of their respective directors, trustees, officers, agents, employees and volunteers from any and all liability, loss, expense (including reasonable attorney's fees) and damages for which they may be held liable.

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the date of termination. In addition, the UNIVERSITY and the DISTRICT shall endeavor to meet at least one

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Addendum

This addendum is required by the Board of Behavioral Science Examiners for students seeking

PROGRAM DIRECTOR

The Program Director(s) for each Program are listed below. With respect to each Program, prior to any Student, Faculty member, or Clinical Instructor participating in Clinical Training under the Agreement, SCHOOL shall provide a copy of each Program Director's current credentials and curriculum vitae.

1. Agreement for Furnishing Clinical Experience and the use of Clinical Facilities

UNIVERSITY: *California State University, East Bay*

a. PROGRAM DIRECTOR Contact Information

Name:	Angela Tang
Phone:	(510) 885-3095
Email:	Angela.tang@csueastbay.edu
Mailing Address:	California State University, East Bay 25800 Center Dr., Hayward, CA 94542

AGENCY: Modesto City Schools

b. PROGRAM DIRECTOR Contact Information

School Counselor Fieldwork Site Information

Fill out this form and email to Sarah Arnett sarah.arnett@csueastbay.edu if you are beginning a new

copy to Dr. Angelo Tang. Give a completed form to _____