### **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

#### 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

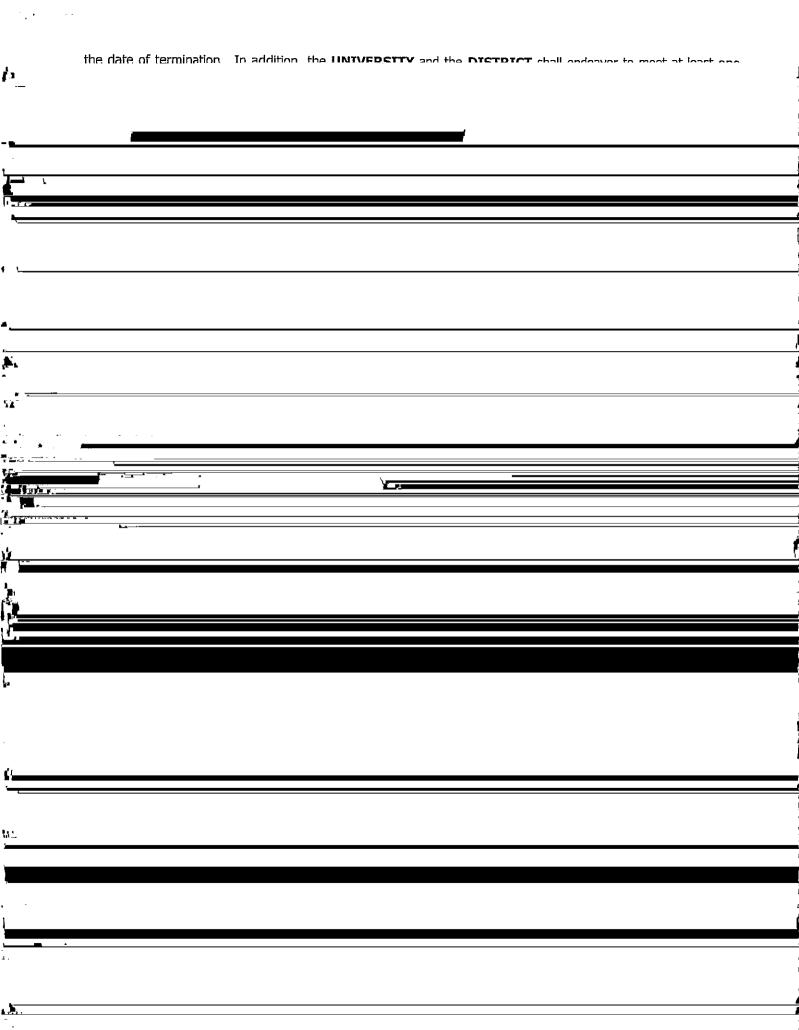
MUEDEAC DICTORY har facilities and programs available to Avenish and divided americans and as

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;

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

. <b>7</b> .1	The STATE of CALIFORNIA has entered into a Master Agreement with the State Compensation  The State of California Compensation Reports for all Chate and leave to the Laboration and the California Compensation Reports for all Chate and leave to the Laboration and the California Compensation Reports for all Chate and leave to the Laboration and the California Compensation Reports for all Chate and leave to the Laboration and the California Compensation and the California Compe
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	The <b>STATE OF CALIFORNIA</b> shall provide notice to students that neither <b>STATE</b> nor <b>DISTRICT</b> will provide Worker's Compensation coverage in the event of injury or condition sustained in relationship to activities contemplated by this agreement.
·	VIII. <b>UNIVERSITY</b> shall defend, indemnify and hold harmless <b>DISTRICT</b> and its affiliates, parents and subsidiaries, and any of their respective directors, trustees, officers, agents, employees and volunteers from any
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### <u>Addendum</u>

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#### 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	California State University, East Bay
A Adress	25000 Corles Des Divil AD 2720

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AGENCY: Modesto City Schools

h 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

