Appendix A-Practicum Clearance

CLEARANCE TO BEGIN CLINICAL PRACTICUM

Instructions: Please use this checklist each semester to ensure all of the clinical requirements have been met.

Name: Date:

Course: Semester/Year:

Clinical Site Name & Address:

Preceptor Name & Credentials:

If more than one site/preceptor is used, please note below:

Clinical Site Name & Address:

Preceptor Name & Credentials:

Y ☐ N ☐ Castle Branch current and up to date?

Y ☐ N ☐ malpractice insurance current and up to date?

Y ☐ N ☐ Preceptor and Clinical Site paperwork completed and approved?

Y ☐ N ☐ Typhon purchased?

Y ☐ N ☐ Preceptor/site and course found in Typhon?

Y ☐ N ☐ Clearance letter received from Clinical Experience Coordinator to start practicum?

If all of the above are answered "yes," students are ready for practicum.

A "no" on any item listed indicates students are NOT ready to proceed to practicum. Please address these items immediately and notify Clinical Faculty and/or the Clinical Experience Coordinator. Students are not able to count any hours accumulated unless all of the required items are complete.

NOTE: Students cannot attend practicum between semesters. Students may begin accumulating clinical hours for the current semester beginning on the first day of the current semester if they have been approved by clinical faculty.

Clinical Experience Coordinator Signature:_____ Date:_____

Clinical Faculty Signature:_____ Date:_____