

University of Central Arkansas
Contract Routing and Approval Form

All University contracts, regardless of value, are to be routed through the Office of General Counsel for review and processing. Please attach this form as a cover sheet to all contracts submitted to the Office of General Counsel. For more information regarding the University's contract policy, please see Board Policy #416 and <http://uca.edu/legal/contract-forms>.

General Information

Requesting Department:

Department: Psychology and Counseling
Responsible Employee: Dr. Art Gillaspv
Campus Mail Location: MAS 249
Phone #: 501-450-5410
E-Mail: artg@uca.edu

Contractor/Vendor:

Name: _____
Address: _____
Phone #: _____
E-Mail: _____

Brief Description of Contract:

Terms of Contract: _____
Start Date

End Date _____

Total Amount of Contract (if applicable): _____

Authorized Signatory: Dr. Michael Hargis, Provost
Identify who will sign contract on behalf of University pursuant to Board Policy #416

Responsible Employee Review

By signing below, I verify that the information contained in this routing/approval form is correct. I am also familiar with Board Policy #416 and have reviewed the contract in accordance with that policy. I have noted on the attached sheets any provisions in the proposed contract that are not consistent with the policy. In addition, I will attach a copy of the university's contract rider (available at: <http://uca.edu/legal/contract-forms/>) to all contracts to which the University is a party.

Responsible Employee

Date

Purchasing Review

(if applicable)

By: _____ Date: _____

General Counsel Review

By: _____ Date: _____

Administrative Approval

(The following approval must be secured prior to the execution of the contract.)

- **Contracts up to \$9,999:**

Vice President or Provost Date

- **Contracts Between \$10,000 and \$49,999**

President or Provost Date

- **Contracts Between \$50,000 and \$99,999:**

President Date

- **Contracts Between \$100,000 and \$249,999:**

Chair, Board of Trustees Date

President Date

- **Any contract which will require the expenditure by the University of funds (at anytime) in excess of \$250,000 or any contract with a term exceeding one (1) year (unless the Office of General Counsel certifies, in writing, that the contract may be terminated by the University on the giving of written notice of ninety (90) days or less) must be approved by the Board of Trustees.**

President Date

Date of Board Action: _____

CLINICAL PLACEMENT AGREEMENT

PSYCHOLOGY AND COUNSELING UNIVERSITY OF CENTRAL ARKANSAS

This Agreement made and entered into as of this _____ day of _____, _____ [MONTH, YEAR] (“Commencement Date”) by and between University of Central Arkansas, College of Health and Behavioral Sciences, Department of Psychology and Counseling and _____ [NAME OF PLACEMENT SITE], hereinafter to be known as the **Agency**.

The term of this Agreement shall be for a period of one year effective as of the Commencement Date. This Agreement shall automatically renew for additional one year terms on the anniversary of the Commencement Date, unless sooner terminated by either party in accordance with this Agreement. Either party may terminate this Agreement in writing with or without cause by providing thirty (30) days’ advance written notice to the other party. Any such termination shall not affect students currently participating in a scheduled clinical rotation at the agency until such time as those students have completed their assigned rotation.

University of Central Arkansas College of Health and Behavioral Sciences’ Department of Psychology and Counseling and the Practicum Site acknowledge a public obligation to contribute to allied health for the benefit of the school’s students and for the residents of Arkansas.

Both parties have a mutual interest in quality health care education and have accepted certain responsibilities to participate in this Agreement.

I. DUTIES AND RESPONSIBILITIES

At the start of the clinical placement, the student and the agency supervisor should cooperate in determining the most appropriate experiences for the student, including but not limited to assignment of duties and arrangement of supervision. The majority of duties for the student should be similar to those that he/she will perform upon licensure, including but not limited to individual and group psychotherapy; psychological, educational and intellectual assessment; intake interviews; diagnosing; treatment planning; and staffing.

A. Students. Students are responsible for discharging assigned duties in a professional manner and for responding to supervision appropriately. Students should follow all ethical and legal codes of the profession and should follow all rules and regulations of the practicum site regarding professional conduct. Students are expected to comply with all policies and procedures of the agency and are expected to maintain confidentiality of all records and patient information.

Clients will be informed of the status of the student as a “Psychology Practicum Student”, “Counseling Practicum Student”, “Intern”, or “Psychology Trainee” depending upon the type of placement. A treatment consent form will be signed by all clients of the student.

B. Agency. The Agency will provide a licensed, qualified, on-site (pre-approved) supervisor who must be on site a majority of the time. The supervisor must be competent in and have a scope of practice that includes duties similar to those assigned to the student. A minimum of one hour, individual, face-to-face on-site supervision is required per week. The student must be able to contact the supervisor when needed, particularly when “in session” with clients. The supervisor must be a licensed mental health practitioner (e.g., licensed psychologist, professional counselor, psychological examiner, school psychology specialist, or social worker), and the agency will work with the university supervisor to determine the most appropriate primary supervisor for the student.

For students in the Mental Health Counseling and Counseling Psychology programs, the agency will also allow students to audio/video tape sessions if given written consent by the client and allow students to bring these recordings to UCA for supervision by UCA Psychology and Counseling Faculty. It is understood by all parties that written consent to tape will be obtained from clients prior to taping and that session tapes may be reviewed in confidence with the site supervisor, university supervisor, and possibly with other graduate students in the context of group supervision. Tapes will be erased or destroyed no later than the end of the semester. In some cases, transcripts may be made of segments of the sessions for training purposes. In no case will the client be identifiable from these transcripts.

C. University. The university will be actively involved in overseeing the student's experiences and will also participate in weekly supervision of students. The university will maintain contact with the student and the site to ensure that duties and responsibilities are followed. As such, the university and its designated representative will be involved in any problems that may arise between students and the agency. The university shall be notified immediately when a problem occurs, and the university shall be involved in any subsequent decisions that affect the student.

II. TIME

The time requirements for clinical placements vary depending upon student program and year in the program.

Counseling Practicum (100 hours per semester, 40 hours direct client service)
School Psychology Practicum (100 – 150 hours per semester)
Counseling Psychology Practicum (150 hours, 50 hours direct client service)
Counseling Internship (600 hours full-time, 240 hours direct client service)
School Psychology Internship (1200 hours for MS; 2000 for PhD)

The majority of time will be spent in the provision of individual psychotherapy, group psychotherapy, intake interviews, psychosocial assessment, psychoeducational assessment, psychological assessment, and contacts with collaterals. The remaining hours should be spent in supervision, preparation for clients, client related paperwork, reviewing sessions, team or staff meetings, outreach, continuing education, and supervision.

III. LIABILITY INSURANCE

Students enrolled in graduate programs in the Department of Psychology and Counseling at the

University of Central Arkansas have professional liability insurance coverage of \$2,000,000 per each incident and \$5,000,000 in aggregate.

IV. EVALUATION

At mid-term and at the end of the practicum, the agency supervisor will be asked to complete an evaluation form provided by the University Supervisor. The agency supervisor should review the completed evaluation with the student and provide copies to the student and to the University Supervisor. The student will likewise complete an agency evaluation form at the end of each semester.

V. UCA CONTRACT RIDER

Attached to this Agreement and made a part hereof as if set out word for word is the UCA Contract Rider pursuant to Policy No. 416 of the UCA Board of Trustees.

VI. COPIES OF THIS AGREEMENT

One copy of this agreement will be provided for the University, and one copy will be provided for the Agency. Additional copies may be requested as needed.

VII. SIGNATURES

Dr. Art Gillaspy, Professor and Chairperson
Department of Psychology and Counseling

Date

Dr. Jimmy Ishee, Dean
College of Health and Behavioral Sciences

Date

Dr. Michael Hargis, Provost
University of Central Arkansas

Date

Agency Representative

Date

Agency Representative's Title

RIDER

Any contract or agreement to which the University of Central Arkansas ("UCA") is a party shall be deemed to have the following provisions incorporated by reference:

(1) *"Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall not be responsible or liable for any type of special or consequential damage to the other party, specifically including, but not limited to, lost profits or commissions, loss of goodwill, or any other damages of such nature."*

(2) *"Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall never indemnify or hold another party harmless from any damages, liability, claims, demands, causes of action or expenses. However, with respect to any loss, expense, damage, liability, claim or cause of action, either at law or in equity, for actual or alleged injuries to persons or property, arising out of any negligent act or omission by UCA, or its employees or agents, in the performance of this agreement, UCA agrees that:*

(a) it will cooperate with the other party to this agreement in the defense of any action or claim brought against the other party seeking damages or relief;

(b) it will, in good faith, cooperate with the other party to this agreement should such other party present any claims or causes of action of the foregoing nature against UCA to the Arkansas State Claims Commission;

(c) it will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the Arkansas State Claims Commission, and will make reasonable efforts to expedite any hearing thereon.

UCA reserves the right, however, to assert in good faith any and all defenses available to it in any proceedings before the Arkansas State Claims Commission or any other forum.

Nothing herein shall be interpreted or construed to waive the sovereign immunity of UCA."

(3) *"The University of Central Arkansas does not have any form of general liability insurance. It does have liability insurance coverage on vehicles, as well as certain professional liability coverage for clinical programs (and students assigned through those programs). Please contact the university department with responsibility for the program involved or the Office of General Counsel, if you have questions concerning insurance coverage."*