

**INTERNSHIP AGREEMENT
REQUIRED BY UNIVERSITY RISK MANAGEMENT**

California State University, Fresno

Department of Counselor Education and Rehabilitation

THIS AGREEMENT, made and entered into this 19 day of July, 2018 between the Trustees of the California State University, hereinafter called the "TRUSTEES", on behalf of California State University, Fresno, hereinafter called the "INSTITUTION," and Furnt St. Inc hereinafter called the "AGENCY."

WITNESSETH:

WHEREAS, the INSTITUTION provides an accredited health care program or a social services program, approved by the TRUSTEES which requires clinical experience and the use of clinical facilities; and

WHEREAS, the AGENCY has facilities suitable for providing clinical experience for the INSTITUTION'S program, and

WHEREAS, it is to the mutual benefit of the parties hereto that students have opportunities to use the facilities of the AGENCY for their learning experience.

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

I. THE AGENCY SHALL:

- a) Provide facilities as presently available and as necessary for the development and maintenance of a clinical educational experience for students of the program.
- b) Maintain the AGENCY facilities used for the clinical experience in such a manner that said facilities shall conform to all requirements of applicable State Boards and/or Business and Professions Codes.
- c) Assure that staff is adequate in number and quality to insure safe and continuous management of the student program in cooperation with the INSTITUTION's instructor.
- d) Provide Instructors and students taking part in the field experience, whenever possible, other incidentals that may be mutually agreeable upon.
- e) Provide emergency first aid for any student who becomes sick or injured by conditions arising out of or in the course of said student's participation in the clinical experience at the AGENCY. Provide medical examinations or other protective measure that may be required by the AGENCY.
- f) Have the right, after consultation with the INSTITUTION, to refuse to accept for further clinical experience any of the INSTITUTION'S students who in the AGENCY'S judgment, are not participating satisfactorily.

II. THE INSTITUTION SHALL:

- a) Designate the students who are enrolled in the program of the INSTITUTION to be assigned for clinical experience at the AGENCY, in such numbers as are mutually agreed to by both parties.
- b) Establish a rotational plan for the clinical experience by mutual agreement between appropriate representatives.
- c) Supervise all instruction and clinical experience given at the AGENCY to the assigned students and provide the necessary instructors for the clinical experience program provided for under this agreement. Keep all attendance and academic records of students participating in said program.

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f) As trainees, and solely for the purposes provided in this section, the students and instructors shall be considered members of the AGENCY's "workforce," as defined by the HIPAA regulations at 45 CFR §160.103, and shall be subject to AGENCY's policies protecting the confidentiality of personal health information, as well as any other confidential information that may arise out of performance of this agreement. AGENCY shall provide the students with substantially the same training that it provides to its employees for such purposes.

Any written notice given under this agreement, once executed and received by all parties, shall be sent by registered mail to each address below:

Front St Inc
203 Potrero St #42-103
Santa Cruz, CA 95060

Trustees of the California State University
400 Golden Shore
Long Beach, CA 90802

California State University, Fresno
5150 N. Maple Ave.
Fresno, CA 93740

IN WITNESS WHEREOF, this agreement has been executed by and on behalf of the parties hereto, the day and year first above written.

INSTITUTION:

CALIFORNIA STATE UNIVERSITY, FRESNO

By: 
(Signature)

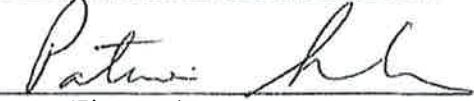
Title: Director of Procurement Date: 11/5/18

By: 
(Signature)

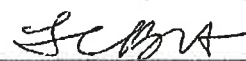
Title: Risk Manager Date: 8/3/18

AGENCY:

Front St. INC

By: 
(Signature)

Title: Director of Community Service Date: 7/19/18

By: 
(Signature)

Title: LP/TA Date: 7/19/18

NOTE: With your approval, we would prefer to return your signed and fully executed contract as a scanned .pdf document via e-mail. Please agree by completing the following:

PRINTED name of appropriate person to receive contract	CLEARLY WRITTEN e-mail address of recipient

Please check if you must have this returned via the US Mail; it will be mailed to the address listed above.