SLHS Departmental Policies: Clinical Education

FORM B

II. Please perform the following practicum-related tasks and check off when complete. All are departmental requirements for clinical education (SLHS 8720 or SLHS 8820).

- HIPAA (Heath Insurance Portability and Accountability Act) Privacy Rules:
  - Policies for University of Minnesota:
    - Managing Health Data Securely
  - Policies for the Davis Speech-Language Hearing Center
    - Securing Your Computer Workstation

*Training modules will be completed online. You will receive the training notification via email. Once you have completed the training, you must send the completion notification email to slhsed@umn.edu

- I have obtained a University of Minnesota email account and understand that all practicum-related communications will be sent to that address only.

- I have completed and submitted a University of Minnesota Background study form. I understand that my ability to fulfill the practicum requirements of this department is dependent upon a successful background clearance.

- I have obtained and agree to wear a University of Minnesota picture ID Badge at all practicum settings.

- I have read and agree to secure appropriate immunizations before practicum begins. Note: some institutions require documented evidence of current immunizations.

I have completed these items checked above.

_________________________________________    _____________________________
Signature of Student                          Date:

Please return this form to Erin Flannery’s mailbox in Room 117 ASAP (but no later than Sept. 10)