

University of Pittsburgh School of Health & Rehabilitation Sciences
Department of Occupational Therapy
Clinical Placement Agreement

I, _____, a student in the Department of Occupational Therapy, School of Health & Rehabilitation Sciences, at the University of Pittsburgh (“the Department”) hereby acknowledge and agree to all of the following:

1. In accordance with the curriculum requirements outlined in the SHRS student handbook, in order to complete the program in which I am enrolled, I will be required to complete clinical education placements within facilities external to the University (“Clinical Sites”).
2. While the Department will make every effort to place me in a facility to satisfy my educational requirement, it makes no guarantee to do so, and the factors that may determine their inability to do so include, but are not limited to, the results of any background check that I am required to submit to.
3. While I am participating in education at a Clinical Site, I will not be covered by worker’s compensation for any injuries sustained at the Clinical Site. Any expenses incurred related to the aforementioned injuries are my financial responsibility, to be paid directly by me or any applicable insurance policy that I own, according to the plan coverage.
4. In consideration for the clinical experience, I agree to hold the Department and the University harmless for any and all injuries sustained or expenses incurred resulting from my experience at a Clinical Site. I do this on behalf of myself and my heirs and assigns.
5. If I am placed at a Clinical Site that requires the use of a personal vehicle for transportation, I take full responsibility for ensuring that I have an appropriate driver’s license and automobile insurance. In consideration for the clinical experience, I agree to hold the Department and the University harmless for any and all injuries I sustain or financial expenses I incur traveling to or from a Clinical Site.

I hereby give my permission to the Department to release any and all information requested by a Clinical Site, as requested, for the purposes of placement. This consent to release does not include my Department application materials, personal references, or transcripts. I understand that under the Family Educational Rights and Privacy Act (FERPA) that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

My signature below indicates my understanding and agreement to the terms set forth above:

Student signature _____

I agree the typing my name above serves as my signature on this form

Date _____