This agreement is made and entered into this **\_\_\_** day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **201\_,** by and between the Florida Gulf Coast University, College of Education, Mental Health Counseling, acting for and on behalf of the College of Education hereinafter FGCU COE and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Herein after AGENCY.

Whereas, FGCU COE wishes to provide a practical training experience for its Mental Health Counseling students, and, whereas, AGENCY wishes to become a placement site for said students, the parties agree as follows:

* AGENCY agrees to provide on site field placements for FGCUCOE.
* FGCU COE and AGENCY shall share responsibility for the supervision and coordination of the placement experiences and their content. The number of students, specific dates/times, and training activities will be established and agreed to by both parties in advance of the training period.
* FGCU COE students and faculty shall comply with the published policies and practices of AGENCY with regards to eligibility requirements for students, client services, dress codes, written personnel standards, hours of operation, and use of facilities and equipment.
* Faculty and staff of FGCU shall have comprehensive general liability insurance pursuant to the terms and limitations of Florida statute 768.28 and Florida statute chapter 284-part ii. Its Mental Health Counseling students shall provide professional liability insurance as required by the Counseling program. .
* FGCU COE will provide a Coordinator of Field Experience to coordinate placement activities of Mental Health Counseling students with AGENCY and provide training and support for agency field instructors.
* AGENCY agrees to permit University Supervisors time and a private area for a University Supervisors to attend training and to perform standard and approved field instructor/supervisory responsibilities.

FGCUCOE Mental Health Counseling students are considered “volunteers” in agencies for purposes of any applicable agency insurance except in cases where students are actually employed by the placement agency.

AGENCY has the right to terminate any Mental Health Counseling student whose conduct or field performance is not in accordance with AGENCY policies and standards. Similarly, FGCU COE may withdraw any Mental Health Counseling student whose progress, conduct, or performance does not meet with FGCU’s standards and requirements. In addition, FGCU COE may withdraw Mental Health Counseling students from agencies where the standards and requirements are not being met for any reason.

AGENCY and/or FGCU COE may alter or add to this agreement by written amendment executed by authorized representatives of the parties and attached hereto.

This agreement will continue in effect unless/until one of the parties notifies the other in writing of termination. ~~In case of a termination prior to the end of a placement time period/semester, Mental Health Counseling students will be permitted to complete their training experience.~~

Neither party to this agreement shall be deemed an agent of the other.

This agreement shall be governed and construed and the rights and obligations of the parties hereto shall be determined in accordance with the laws of the state of Florida, and the administrative rules of the FGCU and the FGCU Board of Trustees.

In witness whereof, FGCU COE and AGENCY have caused this agreement to be executed by their authorized representatives:

 FGCU COE: AGENCY:

 \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Representative (Print Name)
Florida Gulf Coast University

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date Signature Date

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Email

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health Counseling Field Coordinator Agency Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Coordinator Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Mailing Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (cont. if necessary)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone/Fax

 \_\_\_\_\_\_\_\_\_\_\_

 E-mail

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Website