The agency liaison’s responsibilities include being a positive role model for the student, providing a practicum schedule for optimum experience, orienting the student to the practicum setting, reviewing student’s practicum objectives and learning goals, establishing/maintaining lines of communication with the student and the clinical instructor, and reviewing policies, operational procedures and protocols specific to the practicum site with the student. The agency liaison will assist in identifying student observational opportunities and positive learning experiences.

The students’ responsibility includes active participation in the learning process, seeking out learning opportunities, being accountable for his/her actions, and demonstrating professional behaviors. The student is expected to maintain communication as needed with the agency liaison and the clinical instructor and respect the confidentiality of clients and patients, clinical staff, faculty, and fellow students.

PREPARATION: Students shall be prepared for their observational experience with the following: clean, ASU uniform; watch; ASU ID badge; short natural nails; no jewelry allowed except watch and/or fitness band, wedding band, engagement ring, and one pair of stud earrings; and hair up neatly and off the collar. Students should be on time and leave the agency only at designated times per the schedule. No smoking is allowed during rotation. Any deficiency by the student may result in the agency liaison dismissing the student and reporting the student to the clinical instructor.

INJURY OR EXPOSURE: While in the practicum setting, the student is responsible for notifying the agency liaison and university faculty immediately of any injury or exposure (or potential exposure) to an infectious agent. Initial exposure response is to render first aid and contact the clinical instructor immediately.

ILLNESS: Clinical instructor must be notified should a student become ill in the practicum setting. Students who demonstrate poor health, emotional distress, and severe fatigue in the practicum setting should be reported to the clinical instructor by the agency liaison immediately.
Angelo State University Department of Nursing
Undergraduate Observational Rotation Agreement

Student(s): ___________________________________________ Course # __________________ Semester & Year __________________

Clinical Agency: ___________________________________________ Phone: # __________________

Address: _______________________________________________ State: __________ Zip: __________

Rotation schedule: Starts: ________________ Ends: ________________ Days of week: ________________

Clinical Instructor(s) ___________________________________________

Email Address(es): ____________________________ Cell#: ____________________________ Office#: ________________

The purpose of this agreement is to permit students in the undergraduate nursing program at Angelo State University to participate in observational clinical rotations within the named Agency.

Conditions of Observational Experiences
1. The agency staff will retain responsibility for the care of patients, as students are observational only.
2. The student(s) will work with the Agency liaison and clinical instructor to accomplish objectives identified by the student and faculty that are in accordance with course objectives and program objectives.
3. The Clinical Instructor maintains responsibility for the student’s clinical learning experiences and will serve as the liaison between the students and the Agency.
4. The University Clinical Coordinator will serve as the liaison between the university and the Agency.
6. The Undergraduate Nursing Student Handbook is available at http://www.angelo.edu/dept/nursing/handbook/
7. I, the Agency liaison, have read, understand, and agree with the Observational Rotation Guidelines and the Contract of Association/Affiliation Agreement and agree to observational student rotations as noted above.

Agency Liaison Information

Name: (Please Print) ___________________________________________

License #: (if applicable) ____________________________ State: __________ Expires: ________________

Telephone #: ____________________________ Cell #: ____________________________ Fax #: ________________

Email: ____________________________________________

Agency Liaison Signature: ____________________________ Date: ________________

Agency Supervisor Signature: ____________________________ Date: ________________

Clinical Coordinator Signature: ____________________________ Date: ________________

Clinical Instructor Signature(s): ____________________________ Date: ________________

PLEASE RETURN TO: Clinical Instructor(s) as listed above
325-942-2236 (Fax)
MAIL: ASU Nursing Program
ATTN: (Clinical instructor name(s)
ASU Station # 10902
San Angelo, TX 76909-0902

For college use only (date & initial)
Contract with agency/site __________
Copy mailed to supervisor/site ________
Signed and filed __________
Supervisor biography on file ________

9.8.16