

Weber State University
Department of Athletic Training & Occupational Therapy
Cooperative Work Experience Contract (Paid Position)

The Weber State University Rehabilitation Sciences program requires as part of its educational program that students complete a Cooperative Work Experience where they provide health care services to members of the public in association with an organization, institution or company. This is a real world application of the education they receive in the classroom and we believe this is an invaluable part of their education.

As a student of Weber State University within the Department of Athletic Training & Occupational Therapy I, _____,
(Full Name)

commit to an Cooperative Work experience with _____ located at
(Name of Organization))

(Address, City, State, Zip Code)

_____ has consented to be my supervisor. The Cooperative Work Experience will begin _____
(Site Supervisor's Full Name) (Month, Date, Year)

and end _____ for a total of _____ weeks. I am contracting to work _____ hours per week, for a total of _____ hours.
(Month, Date, Year) (Number) (Number) (Number)

My enrollment in RHS _____ for _____ credit hours will be during _____.
(2890 or 4890) (1 cr = 60 hours) (Term, Year)

During the Cooperative Work Experience the Student agrees to:

1. Be registered as a student pursuing a Rehabilitation Sciences major within the AT&OT department.
2. Comply with the department's minimum Cooperative Work Experience contact hours/credit hours requirement (60 contact hours/1 semester credit hour).
3. Comply with all policies and procedures and guidelines outlined by the Site Supervisor, course instructor and program director.
4. Meet all university and department requirements and assignments associated with this Cooperative Work Experience.
5. Perform in a professional manner while performing duties and completing assignments associated with the Cooperative Work Experience.
6. Wear appropriate professional dress clothes that are functional and appropriate for the clinical site. This clothing should meet the following guidelines:

- Clothing is approved by the Site Supervisor
- Clothing does not contain vulgar, profane, or other inappropriate advertising
- Clothing must be neat (not ripped or torn) and clean
- Skirt length must be knee length or longer
- All pants/shorts must be held up with a belt
- All shoes must be closed-toe shoes; NO sandals or flip-flops; laces must be tied
- Socks must be worn underneath shoes
- No low cut or see-through tops
- No long jewelry that may interfere with patient care (e.g., long necklaces, dangling earrings, etc.)
- No short shorts or low waist pants
- No hats/caps when indoors

Student Agreement:

(Student's Signature)

(Date)

(Student's Printed Name)

(Phone)

(Email)

(W#)

During the Cooperative Work Experience the Organization agrees to:

1. Determine in discussion with Student the duties and responsibilities of the Student while participating in the Clinical Work Experience. The Clinical Work Experience is intended to be a substantive learning process for the Student and she or he should not generally be assigned to do menial tasks but should be involved in substantive professional activities of the Organization.
2. Supervise student during times he or she is performing the Clinical Work Experience.
3. Adhere to Utah Code 58-1-307 (Sections 1b and 1c):
 - (b) A student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by the division to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program
 - (c) An individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or on-the-job training program approved by the division while under the supervision of qualified individuals
4. If this is a paid experience, Student should be listed as an employee of the Organization and complete the usual employment forms. Student will be covered by Organization's insurance including workers compensation. Organization and Student shall agree upon how Student will be paid. All payment matters are subject to agreement between Organization and Student, Weber State University will not be involved with any employment matters and Student agrees to release and hold harmless Weber State University from all matters related to their employment by Organization.

Site Agreement:

_____	_____	
(Site Supervisor's Signature)	(Date)	
_____	_____	_____
(Site Supervisor's Printed Name)	(Phone)	(Email)

(Title of Organization)		

Department of Athletic Training & Occupational Therapy Agreement:

_____	_____	
(Course Instructor's Signature)	(Date)	
_____	_____	_____
(Course Instructor's Printed Name)	(Phone)	(Email)

For Weber State University use only: The signature of the Course Instructor above indicates that this Cooperative Work Experience is approved by Weber State University as a pre-professional clinical training program.