

Marriage and Family Therapy Program

Field Placement Commitment Form

Student name:

UID

USF EMAIL

Name of the placement site:

Placement site address:

Supervisor name:

Supervisor email:

Supervisor credentials:

LIABILITY INSURANCE

All students in the Marriage and Family Therapy Program are provided insurance protection against professional liability claims by the University of South Florida Health Sciences Center Self-Insurance Program pursuant to Florida Statutes §§768.28 and 1004.24. Such professional liability protection has limits of \$1,000,000.00 per claim and \$3,000,000.00 per occurrence. USF shall maintain such insurance in effect at all times that Students are assigned to an Agency and the MFT Program maintains record of the certificate evidencing such liability protection.

If your field placement site requests a copy of the liability insurance certificate, you can request a copy from our program assistant to be sent directly to your site representative.

Please indicate you have read and agree to the following:

1. The student has discussed the length of commitment with their site and is committed to completing the following practicum courses at the site listed above.
 - a. Practicum I ___ Practicum II ___ Practicum III ___ Practicum IV ___
2. Please be advised that, once arrangements have been finalized, a student MAY NOT change their field placement site. The difficulties encountered may include:
 - a. The possibility that an affiliate agreement has not been signed by the new site you have chosen. The process of obtaining an affiliate agreement can be time consuming and complicated. Unless it is your place of employment, this agreement is required by the department.
 - b. As a practicum student, the new site may not offer frequent opportunities to record counseling sessions. The taping of counseling session is required for all practicum courses.
 - c. The site may not offer enough relational hours to meet the program requirements.
 - d. An abrupt departure from an already approved site is unprofessional and fails to meet our standard of professional conduct. It reflects poorly on the entire department and could result in that site no longer accepting our students in the future.

I have read and agree

3. If a modification of a field placement is necessary due to:
 - (1) An unexpected employment opportunity
 - (2) The placement and/or supervision falling through
 - (3) Some other special circumstance

The student MUST inform the MFT field placement coordinator, as soon as possible, to discuss the most appropriate way to proceed.

I have read and agree

4. The student is responsible for all costs associated with finger printing and background checks.

I have read and agree

5. A new MFT Field Placement Commitment Form will need to be completed and filed any time a student changes their field placement site.

I have read and agree

6. I acknowledge that I have read and understand the policies and procedures in the field placement manual.

I have read and agree

Signature

Date