

**COOPERATIVE EDUCATION
INTERNSHIP AGREEMENT**

Subject # _____

CRN _____

TERM: F W Sp Su Today's Date _____

Student Name _____ Student L # _____ Major PTA Student Phone _____

Student Mailing Address _____ City _____ State _____ Zip _____ Student Email _____
has permission to register for & will receive _____ credits (_____ clock hours/_____ hours per week) upon successful completion of the work experience with:

site (Clinical Instructor) (CI e-mail)
Name of Company or Agency _____ Supervisor at Work Site _____ Agency Email _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

Description of learning experience (work assignments & duties) First/Second/Third clinical - SNF/
acute care / home health / outpatient

Weekly schedule: Su _____ - _____ Wage _____ per _____ Unpaid Co-op Coordinator: ACCE Beth Ann Thorpe

M _____ - _____ Th _____ - _____
Tu _____ - _____ F _____ - _____
W _____ - _____ Sa _____ - _____
Workers compensation insurance paid by:
Work Site No Coverage
Work Study College

Special notes: _____

Student

I agree to participate in the Cooperative Education experience as shown above to receive Co-op credit. ***I will keep the Co-op Coordinator informed of any change in my work status.*** I understand that most LCC two-year programs allow a maximum of 18 Co-op credits toward graduation. Individual department requirements may vary.

In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by the Cooperative Education office and Human Resources in connection with the Cooperative Education program. It is understood that such information will be discussed only with College faculty and/or a potential work experience supervisor who will agree not to release the information to any third party.

****If an injury occurs while on the job, students covered by the College must complete a College SAIF form and return it to the Cooperative Education Division within five (5) days.***

Unemployment

Under certain circumstances, a student who has been placed in a Co-op position that has a beginning and ending work period may be denied unemployment benefits. Unpaid students are not eligible for unemployment benefits.

Work Site Supervisor

I will supervise the student as described in accordance with company rules and regulations. This is not an employment agreement. The work site reserves the right to take immediate corrective action should an issue arise with a student and shall inform the coordinator of any such measures. It is also recognized that the work site has full authority in regards to taking first measures to resolve the problem to our satisfaction. It is my responsibility to comply with all applicable state and federal employment, health, and safety regulations. I agree to maintain a safe work environment, free from discrimination and harrassment on the grounds of age, handicap, disability, national origin, marital status, parental status, religion, or sex. I agree that I will not release school records and work experience information to any third party without the express written consent of the student.

Lane Community College

A Cooperative Education Coordinator, as a representative of the College, upon agreement with the work site supervisor will arrange appropriate times to visit the work site in order to address student progress or problems relating to the student's work experience. The Cooperative Education Coordinator will also assist the supervisor in planning meaningful experiences for the student. Co-op students have general liability coverage under the College's insurance policy. If the student is participating in a non-paid work experience, the College may provide workers compensation insurance coverage for work-related injury only. Students will be accepted into this program without regard to age, handicap, disability, national origin, race, marital status, parental status, religion or sex. The College is an equal opportunity/affirmative action institution.

CI signature leave blank for ACCE Your signature
Work Site Supervisor Signature _____ Cooperative Education Coordinator Signature _____ Student Signature _____
CI Name Beth Ann Thorpe Your Name
Print Name _____ Date _____ Print Name _____ Date _____ Print Name _____ Date _____