I hereby verify that _____________________________ has met with me to discuss the following items relative to the policies and procedures of the SJSU UG ATP and affiliated practicum site assignment for the Fall / Spring semester of ____________.

1) All policies, rules and regulations of the SJSU UG ATP as stated in the Handbook.
2) Student roles and responsibilities at this practicum site.
3) Emergency plan/s for this practicum site.
4) Chain of communication for this practicum site.
5) Drug dispensation protocols/procedures for this practicum site.
6) Blood-borne pathogen protocols/procedures for this practicum site.
7) Athlete/injury referral protocols/procedures for this practicum site.

Name of Preceptor: ______________________________
Title/Position: ______________________________
Practicum Site: ______________________________
Signature: ______________________________
Date: ______________________________

I, ______________________________, attest that I have read the SJSU UG ATP Handbook and discussed the above policies with my Preceptor relative to my practicum assignment. I understand and will abide by these policies.

Signature of Student: ______________________________
Date: ______________________________