

Collaborative Participation Agreement: Clinical

I take responsibility for my supervised practice experience with Interior Health.

I agree to:

1. Uphold all components of the **Confidentiality Undertaking Agreement** I have signed;
2. Comply with Policies, Procedures, and Standards of Practice established by Interior Health;
3. Take reasonable measures to avoid exposure to any hazard that may pose risk of harm to myself;
4. Complete a [Schedule C: Waiver of Legal Rights \(#807066\)](#) if arranging own medical/accident insurance, as Interior Health assumes no liability for injuries I sustain;
5. Obtain Professional Liability Insurance if not covered by provisional registration through my professional association;
6. Obtain comprehensive General Liability (third party liability) Insurance coverage
7. Follow the [Practice Education Guidelines \(PEGS\) of B.C.](#); and
8. Ask my practice experience supervisor questions I may have prior to, and during my practice experience.

Interior Health will:

1. Provide you with a desirable supervised clinical experience;
2. Maintain the quality of client care while offering you an opportunity to learn; and
3. Answer any questions you may have about your practice experience.

Date(s) (dd/mmm/yyyy) of clinical experience: _____

Location/Site: _____

Printed name of participant: _____

Signature of participant: _____

Date (dd/mmm/yyyy): _____

Forward this document, the completed **Confidentiality Undertaking Agreement** document, the completed **Schedule C: Waiver of Legal Rights** document and **liability insurance** (a copy of provisional registration with your profession or individually obtained insurance) to studentplacement@interiorhealth.ca.