Clinical Chaplaincy.org

# Clinical Training Agreement

**Purpose**
Establish a safe, developmentally appropriate local placement for a CC intern, clarifying responsibilities among the **Facility**, **Site Supervisor**, **Intern**, and **CC Supervisor**.

**Parties & Details**
Facility (legal name) _____

Address _____

Site Supervisor (name, title, dept) _____

_____

Intern (name) _____

CC Program/Supervisor _____

Unit & Dates (Regular 12-week / Extended 24-week; start–end) _____

_____

Estimated Clinical Schedule (days/times; hours/week) _____

_____

**Role Distinction (Educational Supervision)**

The **Site Supervisor** facilitates the Intern's day-to-day participation (access, onboarding, scheduling, safety, scope) and liaises with CC. **All educational/CPE supervision**—group & individual supervision, case-study reviews, evaluations, and grading—is provided **only by ClinicalChaplaincy.org (CC)**. The Site Supervisor does **not** provide CPE supervision and does not transmit PHI to CC beyond onboarding/compliance needs.

**Facility agrees to**
– Orient the Intern (safety, confidentiality, scope, charting as applicable).
– Permit routine access per policy.
– Provide a Site Supervisor to oversee day-to-day participation, sign weekly hour logs, and liaise with CC.

– Ensure onboarding/clearances; cover non-employee/trainee provisions as applicable.
– Inform the CC Supervisor of material concerns affecting training.

**Site Supervisor agrees to**
– Provide role clarification, local coaching/feedback, and schedule verification.
– Sign the Weekly Clinical Hours Log and confirm total hours at unit end.
– Communicate with the CC Supervisor about progress/concerns in a timely manner.
– Refrain from CPE supervision, evaluations, or grading functions reserved to CC.

**Intern agrees to**
– Maintain safety, professionalism, confidentiality; comply with onboarding.
– Evenly distribute clinical days/hours; coordinate schedule with Site Supervisor.
– Submit **Case Studies** to CC with all PHI removed; follow Facility policies for charting.
– Report safety/boundary concerns immediately to Site Supervisor and CC Supervisor.

When signed, please email to info@clinicalchapliancy.org

**Signatures**

Facility Authorized Representative:

Name_____Title_____

Signature _____Date _____

Site Supervisor:

Name_____Title_____

Signature _____Date _____

Intern:

Name_____Title_____

Signature _____Date _____

CC Supervisor:

Name_____Title_____

Signature _____Date _____