

**LARAMIE COUNTY COMMUNITY COLLEGE**  
**PHYSICAL THERAPIST ASSISTANT PROGRAM**

**MEMORANDUM OF AGREEMENT**

This Memorandum of Agreement, verifies that the LCCC PTA student, the Center Coordinator of Clinical Education (CCCE) and the Supervising Clinical Instructor, have reviewed the documents related to PTA Supervision, and, the LCCC PTA Clinical Education Policies (found in the student handbook). The signed and dated document must be submitted to the LCCC PTA Program by **March 24' 2017**. It is the affiliating student's responsibility to make sure that this document is signed and submitted to the school by the specified date.

All required documents may be downloaded from the LCCC PTA Program Webpage, under the "Clinical Instructors" tab. All CCCE's and CI's should have received information on this requirement, prior to the rotation, through the confirmation letter and Clinical Instructor Checklist. If you have accepted students from the program in the past, and have reviewed these documents at that time, please take a moment to review them again, as some guidelines may have changed. Thank you.

Documents to be reviewed, for this agreement:

1. APTA Supervision Student PTA
2. Student Supervision Chart Under Medicare
3. Supervision Requirements for PTA's by State
4. LCCC PTA Student Handbook specific to Clinical Education

***By signing this Memorandum of Agreement, all signed below are verifying that they have read and understood the contents of the documents above, and agree to abide by the stated policies and procedures.***

**Affiliating Student**

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**CCCE and Supervising CI**

\_\_\_\_\_  
CCCE Name (Printed)

\_\_\_\_\_  
Supervising CI (Printed)(if other than CCCE)

\_\_\_\_\_  
CCCE Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising CI Signature (initial if CI is also the CCCE)

\_\_\_\_\_  
Date