

James Madison University

Confirmation Agreement*

Dr. David L. Wenos
Department of Health Sciences
Harrisonburg, VA 22807

This is to confirm that the following Health Sciences Student

(Student Participant's Name)

has conferred with our agency and has been accepted for Professional Practice with:

(Agency Name or Organization Name and Address)

The above student has agreed to participate 40 hours per week, beginning _____, 20_____
(Month, Day)

and ending _____, 20____. This will total 320 on-site hours.
(Month, Day)

Student compensation is: _____.
(Optional)

Exceptions to this timetable:

Agency holidays/Others: _____

The agency staff member assigned as Site Supervisor and who will be responsible for overall

guidance of the student in field work is _____
(Name and Title)

and can be contacted by phone at _____ email _____

or by mail at _____

(Office Phone)

(Address)

Agreed _____ **Date:** _____
Signature, Agency Personnel, & Title

Agreed _____ **Date:** _____
Signature, Professional Practice Student

Agreed _____ **Date:** _____
Signature, Health Sciences Faculty Supervisor

* **DIRECTIONS TO STUDENTS:** Completion of this form by an agency indicates that the student and agency have come to an agreement and are notifying the Health Sciences Program of confirmation. This form should be received by the Health Sciences Faculty Supervisor within one week of confirmation.