

**Southeast Missouri State University**  
**Center for Speech and Hearing**  
**Agreement to Comply with Code of Ethics, Scope of Practice, and Department Guidelines**

I, \_\_\_\_\_ (*print name*), verify with my signature

that I have reviewed and understand all information presented in the

following documents:

- i. Responsibilities of Student Clinicians*
- ii. ASHA Code of Ethics*
- iii. ASHA Scope of Practice for Speech-Language Pathologists*
- iv. Guidelines for Infection Control*

Also, I agree by my signature to abide by the tenets presented in these documents throughout my clinical practice as a student during this, and any subsequent, semester of clinical practicum enrollment (CD402/CD603).

Also, I agree by my signature that I will refrain from conducting any clinical activities without the presence of a certified clinical or faculty supervisor; and, I will receive no remuneration for any services provided while I am a student in training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date