

POLICY MEMORANDUM

April 2000

(A completed copy of this form should be returned to the address indicated in Section II.)

Section I

In compliance with University of Georgia policy, access to programs operated by this institution is available to all otherwise qualified persons. Therefore, there shall be no discrimination on the basis of race, national origin, religion, sex, age, disability, or veteran status, in either the selection of students for participation in programs, or as to any aspect of a program; provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself, preclude the student's effective participation in the program.

The form below should be maintained in the files of UGA academic units whose students participate in clinical training, internships, externships, practicums, and similar off-campus aspects of their degree programs which involve other agencies, organizations, or entities. This form is not required for programs which are covered by the Clinical Agreement between the Board of Regents and the Georgia Hospital Association.

Section II

To be completed by UGA unit in which student is enrolled

Department

Address

Contact Person

Telephone Number

Section III

To be completed by representative of preceptor, organization, or entity providing clinical training, internship, externship, practicum, or other off-campus experience for University of Georgia students. Please return this entire form to the address in Section II above.

Name of preceptor organization/entity/facility

Address

As a condition of University of Georgia student participation in an off-campus experience with this organization, entity, or facility, I certify that I have read Section I above and will comply with its provisions.

Contact official

Telephone Number

Signature