# LABORATORY RESPONSIBILITIES

The laboratory (clinical affiliate) will facilitate the student’s training in Histotechnology according to the Program’s curriculum. In order to accomplish the training to meet academic standards and fulfill the Program’s accreditation requirements, the criteria outlined below must be met:

1. Student will be allowed time to attend scheduled 1-hour web conference (internet based) lectures once per week; appropriate equipment and space will be provided for those teleconference sessions. (Initial)

2. Student will be directed in practical training in histologic technique by a Clinical Education Supervisor (an ASCP registered histologist, HT or HTL) through use of demonstration, explanation and evaluation of required entry-level skills. CES and laboratory will follow the Program’s curriculum in the student’s technical training. (Initial)
   a. If unable to provide all phases of experience for the student, the lab will identify additional training location(s) and provide time for student to accomplish the off-site module(s). (Initial)
   b. If the laboratory does not normally perform all procedures required by the program for student learning experiences, the laboratory shall provide supplies needed for that purpose. The cost of mailing student work to the program may also be a responsibility of the laboratory. (Initial)

3. Clinical Education Supervisor will be responsible for evaluating the student in technical skills and professional performance and returning them to the program office by the due date. (Initial)

4. Clinical Education Supervisor will be responsible for proctoring student testing for didactic courses. (Initial)

5. Signed affiliate agreement will be on file with Indiana University School of Medicine before student is admitted to the program. (Initial)

My initials and signature indicate that I have read and understood my responsibilities as a clinical education supervisor, and I will fulfill my duties and responsibilities.

**CES SIGNATURE:** ___________________________ **DATE:** ________