MEMORANDUM OF UNDERSTANDING BETWEEN MOUNT ST. JOSEPH UNIVERSITY AND

**Boone County Schools**

Mount St. Joseph University (the “School”)[[1]](#footnote-1) and Boone County Schools (the “Facility”)[[2]](#footnote-2) enter into this Memorandum of Understanding (“MOU”) to collaborate and coordinate Speech-Language Pathology services at the Facility upon the following terms and conditions:

A. The School, to the extent allowed by law, will:

1. Use the proper Facility channels to make plans for observation and experience;

2. Comply with reasonable requirements of the Facility;

3. Provide all didactic instruction and supervision necessary;

4. Provide licensed SLPs to supervise the students providing services and;

5. Obtain and maintain professional and general liability insurance for itself, its employees, and students. The School shall provide proof of insurance upon Facility’s request.

B. The Facility, acting within the scope of their duties, will:

1. Serve as a clinical education site;
2. Provide staff input for planning with School faculty for student clinical education experiences;

3. Provide opportunities for observation and clinical learning experiences in the Facility;

C. This MOU shall be effective for an initial term of five years from the date first written above and will renew automatically for five-year terms until terminated.

D. Either the Facility or the School may terminate this MOU with written notice given no less than 3 months before termination and provided that students assigned to the Facility at the time of termination shall be allowed to complete their current clinical rotation.

F. Ohio law governs this MOU.

G. All notices to be given hereunder shall be deemed given if in writing and sent by commercial carrier, electronic mail, or certified mail, return receipt requested, to the following addresses:

If to FACILITY:

Matthew Turner

Boone County Schools

Boone County Board of Education

8330 U.S. Highway 42

Florence, KY 41042

859-283-3228

If to SCHOOL:

Erin Sizemore

Mount St. Joseph University

5701 Delhi Road

Cincinnati, OH 45233

513-244-4512

Erin.sizemore@msj.edu

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be duly executed.

**FACILITY SCHOOL:**

By: By:

[NAME] H. James Williams, PhD

[TITLE] President

Date: Date:

By: \_\_\_\_\_\_\_\_\_\_\_

Darla Vale, PhD, RN

Dean, School of Health Sciences

Date:

1. 5701 Delhi Road, Cincinnati, OH 45233 [↑](#footnote-ref-1)
2. [insert site address] [↑](#footnote-ref-2)