Professional Protocol Notice

Date Incident Occurred ___________________________  Date Notice Given ______________

Student Clinician’s Name _______________________________________________________

Clinical Preceptor’s Name _______________________________________________________

Describe the professional protocol offense in as much detail as needed: _________________

______________________________________________________________________________

______________________________________________________________________________

The behavior listed above is not consistent with The University of Southern Mississippi Audiology and Speech-Language Pathology Clinic’s standards of professional behavior. Please review the standards and appropriate expectations in the Clinic Handbook as well as in the clinical skills competency form available on the website. If you have questions following this review, please schedule an appointment with the Audiology Clinic Director/Speech-Language Pathology Clinic Director. You will be notified shortly if a remediation plan is in order and will meet with the Clinical Preceptor and/or the Audiology Clinic Director/Speech-Language Pathology Clinic Director to formulate this plan.

Please review this memo and make any changes necessary to the listed behaviors. Indicate receipt of this memo by signing and dating and returning promptly to the Clinic Director’s mailbox.

_______________________________________  __________________
Graduate Clinician  Date

_______________________________________  __________________
Clinical Preceptor  Date

xc: Kimberly Ward, Audiology Clinic Director
Amy Rosonet, Speech-Language Pathology Clinic Director