SHIPPENSBURG UNIVERSITY
DEPARTMENT OF COUNSELING & COLLEGE STUDENT PERSONNEL

STATEMENT OF ACCOUNTABILITY

It is my understanding, that as a student doing my clinical placement in Practicum or Clinical Field Experience, through the Department of Counseling and College Student Personnel, I am bound by the ACA/ACPA Code of Ethics. It is further understood, that should I in any way violate the ACA/ACPA Code of Ethics, I may be removed from my clinical placement, be removed from the academic course, and given a failing grade in that course. If this action were to occur I understand that I would be removed from the counseling program at that time.

By my signature, it is my understanding that I am aware of the above statement of accountability, as indicated in the ACA/ACPA Code of Ethics.

Student Signature:

_____ Date:_____

_____
Student Name (Print)

Departmental Supervisor's Signature:

_____ Date:_____