

PRACTICUM Contract
MEPAP 2nd Edition part 1

1. The 90 hour practicum experience is to be completed outside the classroom.
2. Any hands-on practicum experience is to be completed in a long term care setting which meets the required criteria listed below.
3. All of the practicum requirements will be met through classroom assignments which will be completed as “homework”. All assignments are designed to assist the

Activity

Professional in learning the functions of an Activity Department, knowing the Federal, regulations, all aspects of documentation, and creating a calendar based on the needs of the current resident population. All assignments are geared to improving the professionalism of the Activity Department that they are working in. Each core content has a list of assignments. 100 points are awarded to each core content area.

4. **Practicum site criteria are as follows:**

- a. The site must be a state licensed long-term care facility. These include the continuum of care which are adult day care, residential board and care, assisted living and nursing facilities.
- b. The facility must have no uncorrected violations in activities in the last year.
- c. The practicum supervisor may be either NCCAP certified or a department supervisor with a minimum of two years of experience. *If you are the Activity Director, your practicum supervisor must have a supervisory role in the facility. This could be your Administrator, Director of Nurses, or Director of Social Services, whomever you have a good rapport with.
- d. The primary instructor will furnish the practicum supervisor with the practicum criteria. The **in-house practicum supervisor must verify the completion of practicum assignments**. The primary instructor is responsible for correcting all assignments and exams.
- e. Confirmation letter of your practicum site on letterhead stationery with the on-site practicum supervisor’s name, title and phone number to include item (f).
- f. There must be **written permission for the student to have viewing access** of the charts, care plans and activity department information and documentation, as well as permission to attend formal care conferences.

Student’s Name: _____

Permission has been granted for this student of the MEPAP 2nd edition part 1, to perform a practicum experience in our facility. We have read the criteria for the practicum site and our site meets all of the above criteria.

Practicum Site name: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Administrator’s Signature: _____

Activity Director’s Signature: _____

Instructor’s Signature: _____ Date: _____