

**Student Support Agreement 2020**

This form is to be completed by you and your prospective practicum supervisor and must be submitted with your application.

Please ensure that you have read the Practicum Information for Prospective Health Information Management Students document, and that you have provided your supervisor with the Practicum Information for Health Information Management Supervisors document. Both of these documents can be found under the Practicum tab on the [website](#).

Applicant Information:

Date: _____
(dd/mm/yyyy)

Name of Applicant: _____
(Please print clearly)

Placement Site Information:

Director of Health Information: _____

Name of Practicum Supervisor: _____

<p>Name and Address of Practicum Facility:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Type of Facility:</p> <p><input type="checkbox"/> Acute Care Facility</p> <p><input type="checkbox"/> Ambulatory Care Facility</p> <p><input type="checkbox"/> Chronic/ Palliative Care Facility</p> <p><input type="checkbox"/> Rehabilitation Facility</p> <p><input type="checkbox"/> Mental Health Facility</p> <p><input type="checkbox"/> Community/Home Care Organization</p> <p><input type="checkbox"/> Other: _____</p>
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I, _____, confirm that I am a certified HIM Professional and active member
(Practicum Supervisor)
of CHIMA, and am willing to provide learning experience and supervise _____
(Applicant Name)
for his/her Practicum sessions while attending the CHA Learning HIM Program.

In addition, I will support the student through the duration of their program with CHA Learning, providing opportunities for them to apply their learning or understand the practical environment, as required.

Practicum Supervisor Signature

Applicant Signature

For more information please consult the Practicum Information Documents or contact
chalearning@healthcarecan.ca