



## ETHICS CONFLICT RESOLUTION INTERNSHIP OR PRACTICUM AGENCY AGREEMENT

ADMIN080901EPA

**INSTRUCTIONS:** *This form is for ethics conflict resolution purposes only. The internship or practicum agency must provide contact information and have the Executive Director of the agency sign acknowledging that he or she agrees to the terms of this agreement. The Department of Child Services (DCS) Supervisor/Work Unit Manager must also document his or her contact information on this form. The internship or practicum agency should keep a copy for their records. The DCS employee must submit this form to his or her Supervisor/Work Unit Manager for approval. After final approval by the Deputy Director of Staff Development a copy of this form will be submitted to human resources to be placed in the employee's personnel file.*

Internship or Practicum Name: \_\_\_\_\_

Internship or Practicum Agency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. I understand that \_\_\_\_\_ is a full time employee with the DCS.  
(DCS Employee Name)
2. I understand that the individual named above has ethical responsibilities as an employee of DCS and the State of Indiana.
3. I understand that the individual named above may not work with any individuals who are known to be involved with DCS or their family members in any capacity (excluding receipt or payment of child support) due to a potential conflict of interest.
4. I understand that if any client, or a member of their family is known to be involved with DCS in any capacity (excluding receipt or payment of child support), I will assure that the DCS employee has no contact with that client.
5. I understand that the individual named above must and will report any instances of child abuse or neglect.
6. I understand that the individual named above will not release any confidential information about a DCS client obtained by me or any client, unless ordered to do so by a court of law.
7. I understand that the individual named above may not release any information obtained in their course of employment with DCS to me or to any client.
8. I understand that the individual named above must be permitted to store and/or file the signed Internship or Practicum Client Ethics Agreement for Ethics Conflict Resolution at the internship or practicum agency.
9. I understand that I must report any potential conflict of interest to the DCS Supervisor/Work Unit Manager of the individual named above to the following:

DCS Employee's DCS Supervisor/Work Unit Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Internship or Practicum Executive Director Name: \_\_\_\_\_

Internship or Practicum Executive Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_