

This Affiliation Agreement (hereinafter referred to as the "Agreement") is entered into by and between

_____ (hereinafter referred to as "Hospital") and

_____ (hereinafter referred to as "School").

Hospital agrees to accept Emergency Medical Technician (EMT) students who are enrolled in School's emergency medicine course of study, allowing said students clinical experience, subject to the covenants, warranties and representations set forth here under.

The following provisions are to be observed:

1. Hospital will furnish the supervision of School's students while in clinical rotation for observation and participation of emergency activities. Each student should be allowed to participate in direct supervised activities within the student's scope of education, where applicable and when allowed.
2. Hospital staff will supervise and evaluate School's students.
3. School's instructor will instruct, organize rotations, and keep records on the students. School's supervision will be by and through site visitation and around-the-clock, on-call personnel.
4. Students will observe all rules, regulations and procedures which apply to the employees of Hospital at all times during the affiliation period, including dress and grooming, and any requirement relating to uniforms worn by students and instructors (if appropriate) while in the clinical setting.
5. School instructors will evaluate student's progress after consultation with Hospital staff. Hospital will provide data as necessary in subsequent studies of the program.
6. Hospital has the right to request the withdrawal of any student from its facilities whose conduct or work with patients or personnel is not, in the opinion of the Administrator of the Hospital, in accordance with acceptable standards of performance.
7. The School may, at any time, withdraw a student whose progress, conduct, or work does not meet the standards of the program.
8. Final action on the withdrawal of any student is the responsibility of the School.
9. Under this agreement, Hospital provides opportunities to the instructor and students of School, but Hospital maintains responsibility for the care and treatment of its patients.
10. Hospital will provide necessary first aid treatment received by school students and instructors while on Hospital premises and engaged in their training or study. Hospital will not be responsible for the payment of any emergency room treatment, inpatient or outpatient admissions, radiologist services, doctor's services, pharmaceutical supplies or any type follow-up medical care. All of such expenses shall be the responsibility of the injured or ill party. Hospital assumes no responsibility for the students' or instructors' personal bills for any type medical services which they receive no matter what caused the need for such medical services.
11. School will send Hospital only such students who are in good health and have been subjected to such routine health examinations; said students shall be responsible for their own health care.
12. Each student participation in clinical rotations with Hospital will:
 - A. Have had his/her first Hepatitis B vaccination; show proof that he/she has had the Hepatitis B vaccination series, or sign a waiver declining the series.
 - B. Be covered by blanket malpractice liability insurance. Under this program, students are covered for claims arising out of real or alleged medical incidents when the injury being claimed is the result of an act or omission of the student, instructor or School.
 - C. Have in his/her possession any prescribe personal protection equipment.

- 13. School agrees that it shall indemnify, save and hold harmless Hospital, to the extent allowed under the laws of Alabama, from any and all claims, actions, lawsuits and/or demand brought by any student and/or instructor employed by School, when such action is not a proximate result of a negligent act of Hospital.
- 14. The School hereby agrees that Hospital has an obligation to assure that Hospital’s patients are protected to the extent reasonably possible from harm due to the School’s students who are completing clinical rotation in Hospital and using drugs or alcohol while in the Hospital setting. The School agrees that Hospital may at its sole discretion require any student of the School to undergo drug and/or alcohol testing at any time as a precondition to beginning clinical rotations or to continue a clinical rotation at Hospital. Hospital is not required to provide notice or results of any drug or alcohol tests to the School or to any individual student. Such results may be used by Hospital as a reason to refuse or cease a particular student’s clinical rotation.
- 15. The School agrees to instruct students to maintain confidentiality (HIPAA) of all patient information and to ensure student cooperation. The School further agrees to ensure that commonly accepted professional standards for confidential treatment of medical information, patients/clients and the Hospital are maintained through appropriate clinical supervision of students and through the School’s instruction of students. The School shall provide agency with a fully executed copy of the confidentiality acknowledgement statement for each clinical student and faculty/instructor, upon request. The School hereby agrees to take all appropriate steps to ensure that each student and faculty/instructor complies with the terms contained in the confidentiality Acknowledgement statement.
- 16. **The agreement shall become effective on the first day of the EMT course and will remain in effect until the last day of the EMT course. The Agreement may be immediately terminated by either party by written notice given to the other party.** The name of the EMT program, course coordinator, and EMT course dates are provided below:

Name of EMT Program: _____

EMT Course Coordinator: _____

Dates of EMT Program: _____

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their duty authorized agents on this the _____ day of _____, 20_____.

Hospital Official (Name and Title- Print)

Hospital Official Signature

School Official (Name and Title- Print)

School Official Signature

OEMS Course Approval Number: _____