## **Ambulance/EMS Provider Affiliation Agreement**

Form C2

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

Provider agrees to accept Emergency Medical Technician students who are enrolled in a School's emergency medicine course of study, allowing said students field experience, subject to the covenants, warranties and representations set forth hereunder.

The following provisions are to be observed:

- 1. Provider will furnish the instructor supervisor for the students while in field rotation for participation and observation of on the scene emergency care as provided by Provider personnel. Each student should be allowed to participate in direct supervised activities within their scope of education, where applicable and when allowed.
- 2. The School instructor will assign students to rotational slots available on ambulances.
- 3. Students will be assigned to eight or twelve-hour shifts as available and allowed by Provider.
- 4. Provider will provide any necessary equipment for the student to use during participation procedures.
- 5. Provider provided instructor will supervise the students at a ratio of 1 student per 1 instructor.
- 6. Provider provided instructor will instruct and keep records on the EMT student.
- 7. The School instructor will organize the rotation schedules.
- 8. The student will observe all rules, regulations and procedures which apply to the employees of Provider 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 field setting.
- 9. Provider has the right to request the withdrawal of any students from its facilities whose conduct or work with patients or personnel is not, in the opinion of the Supervisor of the Ambulance/Rescue, in accordance with acceptable standards of performance.
- 10. School will send Provider 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.
- 11. Provider will provide necessary first aid treatment received by students and instructors while on Provider premises and engaged in their training or study. Provider 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.
- 12. School agrees that it shall indemnify, save and hold harmless Provider, 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 or attending School, when such action is not a proximate result of a negligent act of Provider.

Name of EMT Program:

- 13. The School herby agrees that Provider has an obligation to assure that Provider's patients are protected to the extent reasonably possible from possible harm due to School's students who are completing field rotation at Provider and using drugs or alcohol while in the Provider setting. School agrees that Provider may at its sole discretion require any student of School to undergo drug and/or alcohol testing at any time as a precondition to beginning field rotations or to continue a field rotation at Ambulance/Rescue. Provider is not required to provide notice or results of any drug or alcohol tests to School or to any individual student. Such results may be used by Provider as a reason to refuse or cease a particular student's field rotation.
- 14. The School agrees to instruct students to maintain confidentiality (HIPPA) of all patient information and to ensure student cooperation. School further agrees to ensure that commonly accepted professional standards for confidential treatment of medical information, patients/clients and the Provider are maintained through appropriate field supervision of students and through School 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.
- 15. 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:

EMT Program Instructor:  Dates of EMT Program:	
IN WITNESS WHEREOF, the parties hereto have caused this instrui	
on this the day of, 20	
Provider Official (Name and Title- Print)	Provider Official Signature
School Official (Name and Title- Print)	School Official Signature

OEMS Course Approval Number: \_\_\_\_\_