

## STUDENT AFFILIATION AGREEMENT

THIS AGREEMENT, made and entered into on **DATE**, and between Washington University, on behalf of its School of Medicine, Program in Physical Therapy, hereinafter referred to as The "SCHOOL" and **FACILITY NAME**, hereinafter referred to as the "FACILITY".

WHEREAS, THE SCHOOL desires that certain of its students, and when appropriate certain of its faculty members, be permitted to visit and utilize the premises of the FACILITY to afford such students the opportunity to have practical learning and clinical experiences at the FACILITY; and

WHEREAS, THE FACILITY recognizes the need for, and desires to aid in the educational development of health professionals, and is willing to make its premises available for such purposes.

NOW, THEREFORE, it is understood and agreed upon by the parties hereto, as follows:

### A. THE SCHOOL'S RESPONSIBILITIES:

1. The SCHOOL shall have total responsibility for planning and determining the adequacy of the educational experience of students in theoretical training, basic skills, professional ethics, attitude and behavior, and will assign to the FACILITY only those students who have satisfactorily completed the prerequisites of the SCHOOL'S educational program before clinical assignment.

2. The SCHOOL shall provide its students with health insurance. The terms of such health insurance shall be communicated to the FACILITY on or about August 1 of each year, which is the beginning of the SCHOOL'S academic year. The SCHOOL will promptly notify the FACILITY of any changes in the terms of such health insurance which may occur during the academic year.

3. The SCHOOL shall provide a letter to the FACILITY which describes its professional liability protection.

4. The SCHOOL shall designate a member of its faculty to coordinate this program with a designated member of the FACILITY'S staff. This assignment shall include on-site visits when practical and continuing exchange of information on progress of the program.

5. The SCHOOL shall provide the FACILITY with the names, health status reports, and other pertinent information about each student to be assigned to the FACILITY at least four weeks before the beginning date of the student's assignment at the FACILITY.

6. The SCHOOL shall have the right to withdraw a student from clinical assignment. Such notice to the FACILITY of withdrawal of a student shall be in writing.

## B. THE FACILITY'S RESPONSIBILITIES:

1. The FACILITY shall designate a member of its staff to be coordinator of this program and function as clinical supervisor with whom the SCHOOL'S program coordinator is to communicate for the conduct of this clinical education program, which may include the development of objectives, methods of instruction and other details of the clinical experience.

2. The FACILITY shall make available to assigned students appropriate facilities, equipment and supplies in order to provide supervised clinical experience in the program. Such facilities shall include an environment conducive to the learning process which conforms to the FACILITY'S customary procedures.

3. Students shall perform services for patients only when under the supervision of a registered, licensed or certified Therapist. Such registered therapists are to be certified or licensed in the discipline in which supervision is provided. Students shall work, perform assignments, participate in ward rounds, clinics, staff meetings, and inservice educational programs at the discretion of their supervisors designated by the FACILITY. Students are trainees, not employees, and are not to replace FACILITY staff.

4. Students are to remain subject to the authority, policies, and regulations imposed by the SCHOOL. During periods of clinical assignment, and while on FACILITY premises, students will also be subject to all standards, rules, regulations, administrative practices and policies of the FACILITY.

5. The FACILITY shall have the right to approve the participation of a faculty member of the SCHOOL to engage in clinical teaching at the FACILITY.

6. The FACILITY may require the SCHOOL to withdraw from the FACILITY any student whose performance is unsatisfactory or whose characteristics and activities are detrimental to the FACILITY'S responsibilities for health care. Requests for withdrawal of a student must be given in writing and must contain a statement of facts describing the student's conduct deemed to be offensive.

7. The FACILITY shall be responsible for arranging immediate emergency care of students in the events of accidental injury or illness, but shall not be responsible for costs involved, follow-up care, or hospitalization.

C. JOINT RESPONSIBILITIES:

1. The SCHOOL and the FACILITY must mutually agree upon and arrange the course of instruction, the periods of assignment for each student, and the number of students eligible to participate concurrently.

2. The SCHOOL and the FACILITY agree that there shall be no discrimination on the basis of age, race, religion, creed, sex, national origin, handicap or veteran's status.

3. The SCHOOL and the FACILITY shall arrange and provide orientation of faculty members and students concerning the FACILITY'S policies, rules and regulations.

D. The terms and conditions of this Agreement may be amended by written instrument executed by both parties. The terms of any exchange of funds between the SCHOOL and the FACILITY shall be provided for in an amendment of this Agreement.

E. This Agreement is for a term of one year, and shall be automatically renewed unless terminated. It may be terminated by either party by giving notice to the other party by certified mail at least three months prior to the end of the term. Should notice of termination be given, students then assigned to the FACILITY shall be allowed to complete their previously scheduled clinical assignment then in progress at the FACILITY. Notice of termination to the FACILITY shall be directed to: [CONTACT NAME, FACILITY NAME, FACILITY ADDRESS](#). Notice of termination to the SCHOOL shall be directed to: Tamara L. Burlis, PT, DPT, CCS, Associate Director of Clinical Education, Program in Physical Therapy, Campus Box 8502, Washington University School of Medicine, 4444 Forest Park, St. Louis, Missouri, 63108.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed on the day, month and year first above written.

FACILITY  
[FACILITY NAME](#)

SCHOOL  
WASHINGTON UNIVERSITY

BY \_\_\_\_\_

BY \_\_\_\_\_  
Gammon M. Earhart, PT, PhD

TITLE \_\_\_\_\_

TITLE Director, Program in Physical Therapy  
Professor, Physical Therapy, Anatomy &  
Neurobiology, and Neurology