

Kentucky Community and Technical College System

ADDENDUM TO

MEMORANDUM OF AGREEMENT

BETWEEN

THE KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM

Hazard Community & Technical College
(Community and/or Technical College Name)

AND

Breathitt County Schools ("Affiliating Agency")

This addendum is to extend the current Memorandum of Agreement between Breathitt County Schools and Hazard Community and Technical College's Interdisciplinary Early Childhood Education Program from August 2018 through August 2019.

Both parties have reviewed the current MOA and it was satisfactory to both parties.

In Testimony whereof, Witness the duly authorized signatures of the parties hereto:

Affiliating Agency

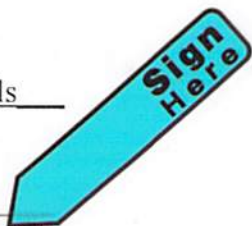
Kentucky Community and
Technical College System

Breathitt County Schools
(Agency Name)

Hazard Community & Technical College
(College Name)

(Signature/Title/Date)

(President's Signature/Date)



College Responsibilities

College Faculty will:

1. become familiar with the Affiliating Agency and its policies prior to activation of student experiences;
2. be responsible for planning student experiences in consultation with appropriate agency representatives;
3. be responsible for supervising and/or coordinating student experiences to facilitate optimum client care; final evaluation of student performance is ultimately the responsibility of the instructor of record;
4. assist with the orientation of agency personnel to the aims, objectives, and educational methods of the Program;
5. be covered, and require students to be covered, by limited professional liability insurance with minimum limits of \$1,000,000 per occurrence and \$3,000,000 aggregate (or, if required, a greater amount of _____) while assigned to the clinical areas of the Affiliating Agency;
6. provide student orientation to, and require compliance with, standards of conduct and dress set by the Affiliating Agency;
7. require students to have all health screening and evaluations required by the affiliating agency prior to beginning experience in the facility;
8. remove, without notice, any student from the clinical area for violation of the Affiliating Agency's policies, standards, or procedures, when such violations present a danger to patients, staff, visitors, or the premises;
9. provide training to the student prior to assignment to the clinical area in the U.S. Occupational Safety and Health Administration (OSHA) guidelines on blood borne pathogens and the use of standard precautions and the HIPAA privacy rules (requirements);
10. plan with agency representatives to evaluate the Program as needed; and
11. if required by the affiliating agency and/or college policy, require criminal background checks and/or drug screening on all students; verify negative status of Kentucky Board of Nursing Abuse check on all students prior to clinical date.

Affiliating Agency Responsibilities

Affiliating agency will:

1. serve as a laboratory in which students may be assigned for educational experiences;
2. provide staff time for planning with faculty for suitable student experiences;
3. provide faculty orientation to the Agency's setting and its policies; and
4. retain full responsibility for the care of patients.
5. provide personal protective equipment, e.g., gloves, masks, etc., to students to enable them to practice Standard Precautions and other safety procedures; and
6. render any necessary emergency care to students as is available on site. Students are responsible for any cost incurred unless and until another party is found to be responsible.

Duration and Review

This Memorandum of Agreement shall be effective from the date of its execution and shall be reviewed annually. Subject to such revisions as are mutually agreeable at the time of annual review, the duration of the agreement shall be continuous. Either party may terminate the agreement at the end of any year (as measured from the date of execution) upon written notice of at least six (6) months in advance.

Students participating in a clinical affiliation and/or off campus educational experiences at a Facility at the time of notice of termination shall be given the opportunity to complete their educational experiences at the Facility, such completion not to exceed six months.

Applicable Law

This agreement shall be construed in accordance with the laws of the Commonwealth of Kentucky. Each party understands and agrees that the College is a Kentucky public agency and any and all allegations and claims for negligence against the college arising from actions taken under this agreement shall be brought before the Kentucky Board of Claims pursuant to KRS 44.070 et seq.

In Testimony whereof, Witness the duly authorized signatures of the parties hereto:

Affiliating Agency

Kentucky Community and
Technical College System

(Agency Name)

(College Name)

(Signature/Title/Date)

(President's Signature/Date)

STATEMENT OF UNDERSTANDING

Student Name:	
Program:	
College:	

As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the college or other appropriate facility in the community.
2. For educational purposes and practice on "live" models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given to me by any representative of the college as to any problem that might be incurred because of these procedures.
3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.
4. It is understood I will be a student within the clinical facilities that affiliate with my college and will conduct myself accordingly. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the affiliating agency.
5. I have been provided a copy of, read, and agree to adhere to the college's policies, rules, and regulations related to the program for which I am applying.
6. I understand that information regarding a patient or former patient is confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.
8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.
9. I understand that I am liable for my own medical and hospitalization expenses.
10. I understand that I will be accountable for my own actions; therefore, I will carry a minimum \$1,000,000/\$3,000,000 (or a greater amount of _____ as required by the Facility) limited professional liability insurance during the clinical phase of the program.

I have read and understand each term above, and agree to abide by this statement of understanding.

To be signed by legal guardian if applicant is a minor.

Student Signature:	
Date:	

As the legal guardian of the student named above, I agree to the above conditions.