

Sample Affiliation Agreement

Name of School: _____

Address of School: _____

AGREEMENT OF AFFILIATION WITH

Name of Facility: _____

Address of Facility: _____

The above named school has been approved to conduct a training program in dental assisting which requires practical experience in a dental practice. The above named facility has agreed to provide this supervised practical experience. Therefore the internship facility, now referred to as the affiliating institution, and the school, enter into the following agreement:

Internship host is aware that the school's approved program in dental assisting does not lead to licensure as Certified Dental Assistant. Therefore, interns shall not perform tasks determined by the New York State Education Department, Office of the Professions (OP), as being restricted to students in a Certified Dental Assistants program registered by OP. These tasks are listed on the OP webpage, <http://www.op.nysed.gov/prof/dent/>

The school will arrange for a maximum of X students per year to affiliate at (**name of affiliating institution**) for X hours per day for a total of X hours. The specific hours/days will be agreed upon by a designee of each party and each will keep a copy of the schedule. There will be no more than 5 students assigned to one internship instructor/supervisor. Taking attendance at the internship site will be the responsibility of the school. Students will not displace or replace regular employees at the affiliating facility. The school agrees to maintain sufficient affiliation sites to accommodate all qualified students.

Before the student begins the supervised internship experience, he or she will show evidence of physical requirements deemed necessary by agreement of both parties. The school is responsible for insuring that the student has had a physical exam within six months, and all recommended inoculations, before the start of the internship.

School is responsible for having/providing insurance to cover student injury acquired at the affiliation site. Students and instructors will also carry liability insurance and a signed statement indicating that they have a policy covering liability against third parties resulting from this internship.

Students will be under the supervision of the internship instructor(s) employed by the school, or by the professional staff of the affiliating institution. Students will be supervised at all times while they are on the premises.

The school is responsible for providing all theory/practice instruction. Internship host will provide a meaningful internship experience during which student will perform most tasks done by a non-certified dental assistant in a professional setting. The internship instructor(s) will make assignments, and with the help of the professional staff of the institution, evaluate each student's performance using the evaluation instruments provided by the school. Students will demonstrate at the minimum competency in the skills listed in the **attached BPSS-approved checklist** created by the school.

The school's program coordinator will make (**frequency**) visits at the internship site.

The school is responsible for the conduct/dress requirements of the students at the affiliation site. A student who does not satisfactorily meet the requirements of this internship may be terminated. Prior to termination, the student will be notified of these deficiencies and will be given (**X**) days to correct these deficiencies.

The school recognizes that the affiliating institution has a service responsibility to its clients. If a student jeopardizes this responsibility in any way, the affiliating institution has the right to demand that the student be removed from the internship experience immediately.

The agreement will begin on (**month/day/year**) and will be reviewed annually by both parties before the agreement is renewed. A (**Length of time**) notice will be given by either party if the agreement will not be renewed. Both parties agree to contact the Bureau of Proprietary School Supervision, 89 Washington Avenue, EBA 560, Albany, NY 12234, immediately upon requesting termination of the contract.

The affiliating institution and the school will not discriminate in any way in regard to student learners, according to state and federal laws.

A newly signed copy of the agreement must be included with the application for curriculum reapproval.

Affiliating Institute Representative, Name/Title

Date

Phone number: _____

School Representative, Name/Title

Date

The name and title must be written in print letters after the signature.

School: Please attach an Internship Skills Checklist and return to your field associate.