

Sample Affiliation Agreement

Name of School: _____

Address of School: _____

AGREEMENT OF AFFILIATION WITH

Name of Facility: _____

Address of Facility: _____

The **(name of school)** has been approved by the New York State Education Department's Bureau of Proprietary School Supervision to conduct a **(name of program)** training program which requires practical experience in a **(type of internship host)**. The **(name of 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:

The school will arrange for a maximum of X students at a given time 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 10 students assigned to one clinical 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. *If training was approved in a language other than English, the school shall ensure that the internship host has employees and clients able to use the language of instruction with the intern, to enable the intern to perform his/her internship tasks. The language shall be specified in the affiliation agreement.*

(For allied health internships only): Before student begins the supervised clinical 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 or Affiliating Institution) is responsible for 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 clinical instructor(s) employed by the school, but may also be supervised 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 instruction in theory and skills, for a total of **(fill in)** hours before the internship. For medical internships, students will have received the necessary classroom and lab instruction from the school before being authorized to perform

patient care. The internship instructor(s)/supervisor(s) will make assignments and, with the help of the professional staff of the institution, will 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 checklist. Interns shall not perform tasks prohibited by local, state or federal regulations/scopes of practices for that particular occupation.

The school's program coordinator will make (**frequency**) visits at the internship site. Facility agrees that the Bureau of Proprietary School Supervision may visit the facility to fulfill its supervisory duties.

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 clinical 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 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/email: _____

School Representative, Name/Title

Date

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

10/2018