

Sample Affiliation Agreement
HOME HEALTH AIDE

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 HOME HEALTH AIDE training program which requires 8 hours clinical experience in a hospital, through a home care agency, or similar institution, supervised by a **Registered Nurse** employed by the school. The (**name of facility**) has agreed to provide this supervised clinical 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 ___ **students** to affiliate at (**name of affiliating institution**) for a total of ___ **hours** over ___ **days**. The specific hours/days will be agreed upon by a designee of each party and each will keep a copy signed by both parties of the schedule. There will be no more than 10 students assigned to one clinical instructor in a hospital. The ratio is up to 1:3 in a patient's home, including in Assisted Living facilities or similar, if the nurse is able to supervise them at all times. 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 place of internship has clients able to use the language of instruction with the student and supervising nurse.* The language of training was:_____.

Before the 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/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.

The school is responsible for providing all theory/practice instruction, for a total of (**fill in**) hours before the internship. Students will have received the necessary classroom and clinical instruction from the school before being authorized to perform patient care. The clinical instructor(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. The school's Registered Nurse must fill out the relevant part of the Department of Health

skills checklist for Home Health Aides after the student demonstrates competency in those skills. Not all mandated skills must be demonstrated during the internship, some can be demonstrated during skills classes at the school. Interns shall not perform tasks prohibited by local, state or federal regulations/scopes of practices for home health aides.

During the internship hours, students will be under the supervision of the licensed clinical instructor(s) employed by the school, but at other times may also be supervised by the professional staff of the affiliating institution. The school's clinical instructor (Registered Nurse) will be present at all times students are present.

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 1 day 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 and email: _____

School Representative, Name/Title

Date

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

9/2018