

Sample Nurse Aide Affiliation Agreement

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 NURSE AIDE training program which requires clinical experience in a nursing facility licensed as a "Residential Health Care Facility." The (name of nursing facility), located at (location of nursing facility) has agreed to provide this supervised clinical experience. Therefore the nursing 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 at a given time to affiliate at (name of nursing facility) for a total of 30 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 8 students assigned to one clinical instructor.

Taking attendance at the externship 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 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 with 6 months before starting, and all recommended inoculations before 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 towards third parties resulting from this internship.

During the internship hours, students will be under the supervision of the clinical instructor(s) employed by the school, but at other times may be supervised by the professional staff of the affiliating institution. 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 and the Department of Health's Nurse Aide Training Program skills checklist. Not all skills must be demonstrated during the internship, some can be during skills classes.

The clinical instructor will be present at all times students are present. The school's Nurse Aide program coordinator will make (frequency) visits at the externship 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 externship 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 the resident. 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. Interns shall not perform tasks prohibited by local, state or federal regulations for Nurse Aide interns.

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.

\_\_\_\_\_ Date  
Affiliating Institute Representative, Name/Title

Phone number and email: \_\_\_\_\_

\_\_\_\_\_ Date  
School Representative, Name/Title

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