

**Affiliation Agreement  
HOME HEALTH AIDE**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

**AGREEMENT OF AFFILIATION WITH**

Name of Site: \_\_\_\_\_

Address of Site: \_\_\_\_\_

The \_\_\_\_\_ (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 \_\_\_\_\_ (site) has agreed to provide this supervised clinical experience. Therefore, the internship site, now referred to as the affiliating site, and the school, enter into the following agreement:

The school will arrange for a maximum of \_\_\_\_ students at a given time to affiliate at \_\_\_\_\_ (site) for \_\_\_\_ hours per day for a total of \_\_\_\_ 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 3 students assigned to one clinical instructor in a patient's home, including in independent living facilities. Taking attendance at the internship site will be the responsibility of the school. Students will not displace or replace regular employees at the affiliating site. 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 is: \_\_\_\_\_.*

Before the student begins the supervised clinical experience, they will show evidence of physical requirements deemed necessary by agreement of both parties. The school is responsible for ensuring that the student has complied with all Department of Health physical and immunization requirements before the start of the internship. The school is responsible for student injury acquired at the affiliation site. Students and instructors will carry liability insurance and a signed statement indicating that they have a policy covering liability against third parties resulting from this internship. The insurance must be in the name of the school or the name of the organization that filed the school's assumed name certificate.

The school is responsible for providing all theory/practice instruction, for a total of \_\_\_\_\_ 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 site, 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 practice for home health aides. Any skill not properly recorded on the approved skills

checklist will be considered not demonstrated. It is the obligation of the licensed school director to inform their instructors of this important requirement and how to properly record entries on the skills checklist.

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

The school's program coordinator will make \_\_\_\_\_ visits at the internship site. The site agrees that the Bureau of Proprietary School Supervision may visit the facility to fulfill its supervisory duties. If the contact information for the affiliation site changes, schools will provide new contact information to their assigned field associate within 10 days.

The school recognizes that the affiliating site has a service responsibility to its clients. If a student jeopardizes this responsibility in any way, the affiliating site has the right to demand that the student be removed from the clinical experience immediately. The school is responsible for the conduct and dress requirements of the students at the affiliation site. The school will address any failure of a student to meet the requirements of this internship by immediately following school policy.

The agreement will begin on \_\_\_\_\_ (date) and will be reviewed and signed annually by both parties for renewal. A \_\_\_\_\_ notice will be given by either party if the agreement will not be renewed. In addition, both parties agree to contact the Bureau of Proprietary School Supervision immediately upon requesting termination of the agreement.

The affiliating institution and the school will not discriminate in any way against interns or instructors, according to State and Federal laws.

**A newly signed copy of the agreement, copy of liability insurance coverage and the operating certificate for the affiliated site must be included with the application for curriculum reapproval.**

**Affiliating Site Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic Signature*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Affiliating Site Representative, Name/Title (printed/taped legibly)

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Name, Phone Number and Email for BPSS Contact at the Affiliating Site (printed/taped legibly)

**School Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic Signature*

**ADDITIONAL REQUIREMENTS FOR HHA INTERNSHIP PROGRAMS:**

Classroom and supervised practical training and competency evaluation must be completed within 60 calendar days of each trainee's entry into the training program. The school agrees to print the student certificate from the New York State Department of Health, Home Care Registry (HCR) within 10 business days of the student completing the internship with the above-named affiliate. **The affiliate is never to be in possession of the student's HCR certificate for any reason.** The school must print two copies of the certificate one to be retained in the student's record for at least 7 years. **The other original, signed certificate is to be handed directly to the student.** Violation of this requirement may lead to discipline under Section 5001 of the New York State Education Law.

**School Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic Signature*

#### **ATTESTATION OF OWNERSHIP DISTINCTION**

The affiliating site can have no common ownership, partnership, or familial ties to the school; By signing the attestation below the agency is confirming that to be a material fact:

"I do hereby attest that the \_\_\_\_\_ (site) has no common ownership, partnership, or familial ties to the \_\_\_\_\_ (school) and that this information is true, accurate and complete. and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."

**Affiliating Site Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic signature*