

**Affiliation Agreement
Nurse Aide Training Program**

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 NURSE AIDE training program which requires clinical experience in a nursing facility licensed as a "Residential Health Care Facility." The _____ (site), located at _____ (site address) has agreed to provide this supervised clinical experience. Therefore, the nursing facility, 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 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 10 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 ensuring that the student has had a physical exam with 6 months before starting, and all recommended inoculations before the internship.

The **school** 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. Students will be under the supervision of the BPSS licensed clinical instructor(s) employed by the school, but may also be supervised by the professional staff of the affiliating site. 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 _____ hours before the internship. For internships in the medical field, students will have received the necessary classroom and lab 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 school's Nurse Aide program coordinator will make _____ visits at the externship site. Facility 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 immediately address any failure of a student to meet the requirements of this internship 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 and copy of liability insurance coverage 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/typed legibly)

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

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