



## General Affiliation Agreement

Between Southern Careers Institute all campuses (hereafter referred to as SCI)

AND

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Physician, Clinic, Facility Name or Medical Practice (hereafter referred to as Facility)

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Address, City, State, Zip Code

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Telephone Number, Fax, Authorized Representative

### PURPOSE:

This cooperative relationship between the parties hereto is made and executed this \_\_\_\_\_ for the purpose of jointly providing clinical externship to SCI students training to be Medical Assistants, Medical Billers and Coders, Medical Office Specialists, Pharmacy Technicians, Business Accounting Specialists and/or Administrative Assistants.

The term of this Agreement shall be from the date indicated and shall continue thereafter for a period of one (1) year, unless terminated earlier as provided herein, and will renew automatically for an additional one (1) year period on each anniversary of the executed date above. Either party may terminate this Agreement by serving upon the other party a written notice, not less than thirty (30) days in advance of termination on a date certain. Such termination shall not prevent those students already participating in this clinical education program from completing their assignment at the Facility.

### SCI's RESPONSIBILITIES:

SCI understands and agrees to be responsible for the following:

1. To provide all classroom and laboratory instruction to student prior to their externship program at the Facility.
2. To coordinate with \_\_\_\_\_ to schedule students for their externship training phase. (site representative)
3. To designate a member of the SCI Education Department to serve as a Program Liaison to work with the Facility's clinical supervisor.
4. To provide externship learning objectives, evaluation guidelines, and evaluation procedures to the Facility.
5. To provide the Facility with dates when the extern may require time away from the externship facility to attend seminars and/or additional training sessions on the SCI campus.
6. To provide an orientation to the Facility staff prior to the student extern's clinical assignment. The orientation will include a review of program objectives, evaluation requirements, and criteria to be used in evaluating the student extern's clinical experience.
7. To advise the assigned student of their obligation to comply with all applicable SCI and Facility rules and regulations.
8. To indemnify and hold harmless the Facility and its employee/agents from any and all claims, damages, judgments, actions, and causes of acting arising out of the acts of omissions of SCI, its employees and agents, including the cost, expenses, and legal fees incurred defending any and all such claims, actions and lawsuits. The Facility agrees to give SCI written notice of all such claims, damages, judgment, actions, costs, expenses, and legal fees within 30 days after the Facility has knowledge thereof.

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## FACILITY'S RESPONSIBILITIES:

The Facility understands and agrees to be responsible for the following:

1. To provide student extern with clinical/externship experience in program specific procedures and office duties.
2. To provide all equipment and supplies required to adequately perform program specific procedures and office duties.
3. To provide SCI with evaluation reports for each student extern regarding their clinical/externship learning experience. The evaluation reports must be forwarded to the SCI campus within 24 hours after the midpoint and end of the student's externship experience.
4. To ensure that a student extern is adequately supervised by the Facilities' staff during the extern's clinical learning experience, including review and signature of time sheets. A student extern cannot replace a regular staff member at the externship site.
5. To immediately notify SCI of any student who develops an illness or is involved in an accident. The Facility can provide immediate emergency care if necessary. Any cost that occurs through care or treatment of any injury or illness at the site will not be the responsibility of SCI but will be the responsibility of the student and/or his or her insurance company.
6. To indemnify and hold harmless SCI, its employees, agents, and students from any and all claims, damages, judgments, actions, and causes of action arising out of the acts or omissions of the Facility, its employees and agents, including the cost, expenses and legal fees incurred in defending any and all such claims, actions, and lawsuits. SCI agrees to give the Facility written notice of all such claims, damages, judgments, actions, costs, expenses and legal fees within 30 days after SCI has knowledge thereof.

## GENERAL PROVISIONS:

1. The parties understand and agree that SCI student externs need not be compensated for their externship training.
2. The externship shall consist of a minimum of 86 hours for Business Accounting students, 90 hours for Administrative Assistant students, 40 hours for HVAC students, 146 hours for Medical Billing and Coding Students, 130 hours for Medical Office Specialist students, 178 hours for Medical Assistant students and 168 hours for Pharmacy Technician students. These hours should include an equal balance of program specific procedures and office duties, unless otherwise stated.
3. The parties understand and agree that the Facility may request the withdrawal of a student extern from an externship provided the facility promptly furnishes SCI with written documentation of the circumstance that necessitated such a withdrawal.
4. The parties understand and agree that this agreement as outlined under PURPOSE may be terminated by either party. Termination of this agreement must be preceded by at least a thirty (30) day written notice.
5. The parties understand that SCI provides limited accident insurance coverage of accidents caused by the student externs. Proof of professional liability insurance protection will be provided to the Facility upon execution of the Agreement. The parties understand and agree that the responsibility of SCI for accident coverage caused by the externs shall be limited to and controlled by the terms of SCI applicable insurance policy then in effect.
6. The parties understand and agree that an SCI student extern shall not be considered SCI or physician's employee, that SCI and Facility shall not be responsible for Workers Compensation Insurance.
7. This agreement may be revised only by mutual written agreement by duly authorized agent for the parties hereto.

\_\_\_\_\_  
Manager, Owner, Physician, or Medical Facility Agent      Date

\_\_\_\_\_  
Externship Coordinator

\_\_\_\_\_  
School Director