



3350 East Grant Road \* Tucson, Arizona 85716

## OCCUPATIONAL THERAPY ASSISTANT PROGRAM

**Name of Facility Entering Contract-Amphitheater School District**

**Address-** 701 W Wetmore Rd, Tucson, AZ 85705

**Contact-Linda Haller**

**Title-Assistant Special Education Director**

**Phone-520-696-6000**

**Fax-**

### **Affiliation Agreement**

This cooperative agreement is entered as of the **17th day of February 2017** by and between the Facility and the School and shall continue thereafter until terminated as hereafter provided.

Whereas, the school will provide education for their occupational therapy assistant students by affiliating with the facility, primarily to provide the students with clinical experience, and whereas, the facility wishes to cooperate in providing the educational experience for occupational therapy assistant students of the school.

In consideration of the mutual covenants and conditions herein contained, it is agreed as follows:

1. The facility will provide for instruction and adequate supervision of students assigned to the facility for clinical experience.
2. The administration of the student educational program and general supervision of didactic instruction shall be the responsibility of and under the supervision and direction of the school. The facility will be notified of any major changes in the curriculum related to the clinical education in the facility thirty (30) days in advance of the change.
3. The facility will provide the supervision of students assigned to the facility for clinical experience. The educational experience provided by the facility shall be of such quality so as to provide sound clinical experience and to enforce professional policies.
4. This agreement may be amended at any time by mutual agreement of the parties provided that before any agreement shall be operative or valid, it shall be reduced to writing and signed by both parties.
5. Liability insurance shall be provided by the school with the limits of liability to be in the amount of \$1,000,000.00. The insurance coverage will include incidental malpractice coverage for acts by student, instructors, or other employees of the school. Proof of insurance will be provided in the form of a certificate of insurance.
6. The facility will provide conference facilities with the understanding they have limited space available so a cafeteria may be substituted for an actual conference room.
7. The school will indemnify, defend and hold free and harmless the facility and/or its employees from any and all liability which may arise solely by reason of any negligent act or



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omission of any student. Students participating in this program shall not be considered as agents or employees of the facility.

8. Should a problem develop with an individual student, the facility has the right to immediately dismiss that student from the premises.
9. The facility assumes responsibility for administering services to patients. Students will not replace staff or give services to patients apart from its education value.
10. The student is responsible for providing his own health insurance. In the event of an emergency, the facility will provide such emergency care. The student will be responsible for all charges thus generated.
11. The school provides HIPPA compliance training in the classroom. The facility will provide a complete orientation including relevant safety and patient confidentiality information.
12. The school's academic fieldwork coordinator will maintain contact with the facility prior, during and following all clinical assignments. The type of clinical experiences will be clearly communicated to the student via the Fieldwork Data Form and other written means.
13. The facility will complete the clinical evaluation tool in a timely manner. The school will be responsible for grade assignment to the student following each clinical assignment, based on the feedback and recommendation from the facility
14. The student is to meet the physical requirements of the facility.
15. This agreement shall remain in force and in effect indefinitely, and be reviewed every two (2) years. Either party shall have the right and privilege of canceling or terminating this agreement upon ninety (90) days written notice to the other. Upon the expiration of the said notice, this agreement shall be and become of no further force and effect whatsoever and each of the parties hereto shall be relieved and discharged there from except as otherwise provided herein. In the event the contract is terminated during an active affiliation, every effort will be made to allow the student to complete the clinical affiliation.
16. The student/intern shall obtain a valid Arizona Fingerprint Clearance Card, as required by A.R.S. § 15-512, prior to participating in the program at Amphitheater Unified School District.



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**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the date first set forth above

**PMI Required Signatures**

**Facility Required Signature**

Dale Berg  
Print Name

\_\_\_\_\_  
Signature

PMI Campus Director  
Title

Connie Charlton, M.Ed., COTA/L  
Print Name

\_\_\_\_\_  
Signature

Academic Fieldwork Coordinator  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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Title

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Print Name

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Signature

\_\_\_\_\_  
Title