



OFFICE OF THE PRESIDENT

Item 5.3.2

PRESENT TO BOARD: DECEMBER 5, 2018

TO: SOUTH FLORIDA STATE COLLEGE
DISTRICT BOARD OF TRUSTEES

FROM: THOMAS C. LEITZEL 

SUBJECT: TRAINING AGREEMENT – LAKE WALES MEDICAL CENTER

Approval is requested to **renew** the training provider agreement between Lake Wales Medical Center and South Florida State College for the purpose of allowing health care profession students to obtain clinical experience at their facilities. This agreement renews annually.

SUGGESTED MOTION:

Move to approve the training agreement between Lake Wales Medical Center and South Florida State College as presented.

**NON EXCLUSIVE STUDENT AFFILIATION AGREEMENT ("AGREEMENT")
FACE SHEET**

Date of Agreement: 11/6/2018
Facility Legal Name: Lake Wales Hospital Corporation
d/b/a: Lake Wales Medical Center
Facility Address: 410 S. 11th Street
City, State, ZIP: Lake Wales, FL 33853

School's Legal Name: South Florida State College
School Address: 600 West College Drive
City, State ZIP: Avon Park, FL 33825

Applicable Licenses, Certifications, etc: N/A

Term of Agreement: 36 months
Expiration Date: 1/14/2022
Effective Date: 1/15/2019
Type of Student (i.e. Clinical, Administrative, etc.): Nursing, Allied Health Students, and Administrative Students

Number of Students per rotation: Up to 10 to be approved in advance per specialty area.

Term of Training (cite beginning date and ending date including dates of the School's semester):

Begin Date: January 2019 Ending Date: May 2019 School Term Dates: Jan-May, May-July, Aug-Dec

Clinical rotation(s) site is: 410 S. 11th Street, Lake Wales, FL 33853

Designated Contract Person for Facility: Kami Harmeling, Director of Finance - for Contracting
Jennifer Furry, Director of Education – for education/onboarding, etc.

Designated Contract Person for School: Tracy Lethbridge, BSN, RN, Clinical/Sim Lab Coordinator

Responsibility for Certain Checks and Testing:

The School recognizes that the Facility is a fully functional medical facility, and not an educational institution. This Agreement is by way of a courtesy. The Facility's standards for safety and timely and effective care are not reduced by this Agreement.

Background Check

5. School chooses to conduct and Student chooses to pay for Students' Background Check. ✓

Substance Abuse Testing

5. School chooses to conduct and Student chooses to pay for Students' Substance Testing. ✓

The results of the (1) Background Check and (2) Substance Test must already be on file at the Facility before any Student is referred to the Facility.

The attached Standard Terms and Conditions are part of this Agreement. The following Addenda are also part of this Agreement.

Addendum	Title
1	Patient Care Duties to be Provided by Students
2	Patient Care Duties Students Cannot Provide
3	Other Legally Required Testing
4	Student Substance Policy Consent
5	Student Background Consent Form
6	Disclosure and Authorization
8	Flu Vaccine Attestation
9	Attestation of Affiliation Agreement Requirements


AUTHORIZED SCHOOL REPRESENTATIVE

South Florida State College

By:

Title:

Date:


 PRESIDENT
 1-29-19
FACILITY

Lake Wales Hospital Corporation

d/b/a: Lake Wales Medical Center

By:

Title:

Date:

Facility CEO

NON EXCLUSIVE STUDENT AFFILIATION AGREEMENT

STANDARD TERMS AND CONDITIONS

1. JOINT RESPONSIBILITIES OF SCHOOL AND FACILITY

- A. Provide clinical training to Students, including but not limited to the Patient Care Services. See Addendum 1.
- B. Provide contact persons to the other party to oversee Students' clinical experiences.
- C. Review Students' background checks and Substance testing results. Facility shall be solely responsible for determining if Students may participate or remain in the program.

2. SCHOOL'S RESPONSIBILITIES

- A. Coordinate with Facility to assign Students and plan the clinical training program. Only Students who meet the School's criteria for eligibility, which must be Facility-approved, shall be referred to the Facility.
- B. Educate Students about clinical safety, including OSHA blood borne pathogens standards, and tuberculosis transmission prevention prior to their clinical rotation.
- C. Notify Facility if any Students fail to meet education and/or training requirements.
- D. Obtain written documentation from Students and staff *prior to referring them to Facility*:
 - (1) A negative TB skin test within the past year or, in the event of a positive TB skin test, a chest x-ray within the past three (3) years; OR provide evidence of no TB disease per negative result of interferon-gamma release assay blood test (T-Spot or Quantiferon Gold) within twelve (12) months of student activity at facility;
 - (2) A completed series of Hepatitis-B vaccine, having begun the series, or informed refusal of the vaccine;
 - (3) Any other appropriate immunizations requested by Facility; and
 - (4) Documentation for legally-required testing requirements noted. See Addendum 3.
- E. Ensure that Students are aware of the Substance Policy. See Addendum 4.
- F. Provide the Facility with a copy of each Student's completed (1) Substance Policy Consent Form (See Addendum 4) and (2) Background Consent Form (See Addendum 5). The School may instruct the Student to provide the forms to the Facility; however the completed forms and results must be on file at the Facility before any Student is referred to the Facility.
- G. Ensure that the following background checks have been completed *before* referring Students to Facility (See Face Sheet to determine who will be responsible for the cost and actual performance of the background checks):
 - (1) Office of Inspector General ("OIG") List of Excluded Individuals/Entities

School shall not refer Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, or approved software programs, and certain internet sites.

(2) License or Certification

School shall not refer Students whose medical licenses or certifications have ever been suspended, revoked, terminated, or otherwise modified as to rights and privileges. If such sanctions resulted from controlled substance use, and the Students have successfully completed a rehabilitation program, School may refer them so long as they undergo periodic substance abuse testing as determined by the Facility.

(3) Criminal Records Check

Students' criminal records shall be checked at the federal, state, and local levels *before* referring Students to Facility and thereafter as often as is required by law. The Facility CEO will have the authority to make the final decision regarding the referral of any Student with a criminal record. Students must execute a Student Background Consent Form (See Addendum 5).

(4) Other Background Checks Required By Law (See Addendum 3).

- H. No Facility materials related to this Agreement shall be circulated or published without the Facility's prior written consent.

3. FACILITY'S RESPONSIBILITIES

- A. Provide clinical experiences to Students, as mutually agreed upon by the parties.
- B. Orient Students and School clinical instructors who visit Facility on matters such as Facility's policies and procedures, personal protective equipment availability and use, and fire and emergency response plans.
- C. Provide first aid for clinical accidents and illnesses, such as blood and body fluid exposures. Facility shall bill such first aid work to Students' insurance carrier. Facility shall not be financially or otherwise liable for any Student's care beyond providing initial first aid, regardless of whether additional services are covered by such Student's insurance.
- D. Provide reasonable storage space for Student's apparel and personal effects, and classroom or conference room space at Facility for program use.

4. TERM AND TERMINATION

- A. This Agreement shall be effective upon execution by parties and may be renewed upon the parties' mutual agreement.
- B. In any event, either party may terminate this Agreement without cause by giving thirty (30) days' written notice to the other party. However, in such a case, this Agreement shall continue until the Students complete current clinical rotations (if practicable).
- C. Either party may immediately terminate this Agreement if the other party is insolvent or bankrupt.

5. INSURANCE

- A. Documentation shall be provided that:

- 1) Clinical instructors and other School staff present on Facility grounds have worker's compensation insurance (or, if School is government entity, School shall maintain the government version of such insurance); and
 - 2) Students have professional liability coverage of at least \$1 million per occurrence / \$3 million aggregate of the "occurrence" type of coverage.
- B. If Students' professional liability coverage is the "claims made" type, such coverage shall outlive this Agreement for at least twenty-four (24) months (which may require tail or prior acts coverage). The "retro" date for coverage shall be this Agreement's effective date.
- C. Facility shall be notified in writing within fifteen (15) days of any material alteration, cancellation or nonrenewal of any insurance coverage. Inadequate insurance or proof of insurance shall be grounds for immediate termination of this Agreement. The Facility shall be reasonable in deciding if an insurance carrier is reputable/acceptable to it.

6. CLAIMS AND NOTIFICATION

- A. Each party shall pay its portion of all claims, liability, costs, expenses, demands, settlements, or judgments resulting from negligence, actions or omissions of itself or its own representatives, directors, and employees relating to or arising under this Agreement. **Notwithstanding the foregoing, any indemnity and hold harmless provided herein by South Florida State College (SFSC) shall be limited to and subject to the extent and limitation of Chapter 768.28, Florida Statutes and the above provision shall in no way act as a waiver of SFSC's sovereign immunity beyond that provided in Section 768.28, Florida Statutes or as a waiver of any other defense that SFSC may have to such claims.**

Note: Section 6.B below does not apply to government entities that claim full or partial governmental immunity. See Section 6.C below.

- B. To the maximum extent allowed by law, unless otherwise provided by this Agreement, each party agrees to indemnify, hold harmless, and defend the other party from and against any and all claims, demands, actions, settlements, costs, damages or judgments, including reasonable attorney's fees and litigation expenses, based upon or arising out of the activities per this Agreement, where such claims, demands, actions, settlements, costs, damages, or judgments relate to its own negligence, actions or omissions or that of its agents, representatives, Students, as applicable, or employees. This Section survives the termination of this Agreement.
- C. Parties will notify each other as soon as possible, in writing, of any incident, occurrence, or claim arising out of or in connection with this Agreement which could result in a liability or claim of liability to the other party. Facility shall have the right to investigate any incident or occurrence and School shall cooperate fully.

7. CONFIDENTIALITY (all applicable laws and regulations, including HIPAA)

- A. School, its employees, and representatives agree to keep confidential from third parties all information which relates to or identifies a particular patient, including, but not limited to name, address, medical treatment or condition, financial status, or any other personal information which is deemed confidential according to applicable laws, ("Confidential Information"). School also agrees to inform its Students about their obligations under applicable laws as to Confidential information.

- B. Patient records are Facility property. Retention and release shall comply with all applicable laws. Access to and use of patient information is restricted to only that necessary for this Agreement.
- C. The Facility shall supply information and applicable forms to Students to meet legal confidentiality provisions.

8. NOTICES. Notices or other communications per this Agreement shall be given to the other party as follows:

If to Facility: As stated on Face Sheet

With a copy to: CHSPSC Legal Department
4000 Meridian Blvd.
Franklin, TN 37067
Attn: General Counsel

If to School: As stated on Face Sheet

- 9. ASSIGNMENT OF CONTRACT AND BINDING EFFECT** Neither party shall assign, subcontract, or transfer ("Assignment") any of its rights or obligations under this Agreement to a third party without prior written consent of the other party. If there is a valid Assignment, this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.
- 10. DISCRIMINATION** Each party shall comply with all applicable laws relating to discrimination, harassment and retaliation which may include those such as Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, and the Americans with Disabilities Act, all as amended. This compliance may also include non-discrimination based classifications such as race, color, religion, sex, national origin, age, disability and other legally protected classifications.
- 11. INDEPENDENT CONTRACTOR STATUS** Each party is an independent party and not an agent or representative of the other party, and therefore has no liability for the acts or omissions of the other party. In addition, neither party, nor any of its employees, agents, or subcontractors, shall be deemed to be employees or agents of the other party. Therefore, neither party nor any of its employees, agents or subcontractors, shall be entitled to compensation, worker's compensation, or employee benefits of the other party by virtue of this Agreement.
- 12. COUNTERPARTS** This Agreement may be executed in one or more counterparts and may be electronically transmitted, and be as effective as an inked original.
- 13. CONSIDERATION** Consideration for this Agreement is the mutual promises contained herein. No compensation shall exchange hands between the parties.
- 14. GOVERNING LAW AND VENUE** This Agreement shall be governed by and interpreted under the laws of the state of Facility's principal location.
- 15. ENTIRE AGREEMENT & SEVERABILITY** This is the parties' entire agreement on this subject matter and it supersedes any prior agreements/arrangements. This Agreement cannot be amended, modified, supplemented, rescinded or waived except in a writing signed by each party. This Agreement is severable. If a part(s) is (are) void or unenforceable, the remainder of this Agreement shall remain in effect.
- 16. FOCUS ARRANGEMENT COMPLIANCE LANGUAGE** The parties to this Agreement shall comply with Hospital's Code of Conduct, which includes policies and procedures related to the Anti-Kickback

Statute and Stark Law. Further, the parties to this Agreement certify that they shall not violate the Anti-Kickback Statute and/or the Stark Law with respect to the performance of the Agreement. Each party who meets the definition of Relevant Arrangements Covered Person (includes all Covered Persons involved in the negotiation, preparation, review, maintenance, and approval of all Arrangements) has completed within the past year, or will complete within a year of the date of execution of this agreement, the facility's required training regarding the Anti-Kickback Statute and the Stark Law. The Code of Conduct, Fraud and Abuse Policy, and required training are available at the following link: <http://www.chs.net/company-overview/compliance/>.

STUDENT AFFILIATION AGREEMENT - ADDENDUM 1**Patient Care Duties To Be Provided By Students****TYPE OF PROGRAM:**

Junior College
Four Year College

ACADEMIC LEVEL:

Freshman
Sophomore
Junior
Senior

EXPERIENCE LEVEL:

Beginner/Basic
Some Experience
Advanced

All Students:

1. The student(s) work under supervision of Certified, Registered, and/or Licensed individual(s) in area(s) of practice aligned with their program of study in order to provide patient care and perform procedures within Scope of Practice for the student(s) Program of Study.
2. Students' Program of Study learning objectives, program expectations, policies and procedural guidelines for clinical rotations will be:
 - a. Adhered to by student(s) and instructor(s).
 - b. Provided to and/or posted to allow Facility staff viewing during all days the student/student cohort attends their clinical rotation.
 - c. Provided to Facility prior to each clinical cohort approval.
3. If students are in an administrative or managerial internship, they will not be allowed to provide or participate in any type of patient care duties.

Nursing Students:**SUMMARY OF PATIENT CARE DUTIES TO BE PROVIDED BY THE STUDENT**

In addition to other duties required by the school, students are required to participate in a hourly rounding lab before being allowed to care for patients in a CHS facility. This check-off validation will be conducted by the nurse instructor and include use of the 4 P's, log sheet compliance and bedside shift report. Validation tools will be provided to the instructor for use and when complete given to the CNO or Nurse Educator before clinicals in the facility.

Physical Therapy Assistant Students:**SUMMARY OF PATIENT CARE DUTIES TO BE PROVIDED BY THE STUDENT:**

Provides the following interventions with direct supervision and instruction from _____,
 the onsite clinical instructor, and may perform per the Practice Act of the State of _____

congruent with supervision levels after being observed for a minimum of three (3) times demonstrating clinical competence each time:

- Provides therapeutic interventions per the plan of care; progresses patient per the plan of care with the consent of onsite clinical instructor
- Documents treatment provided per the facility procedures with co-signatures of the onsite clinical instructor
- Applies modalities per the plan of care and able to verbalize indications/contraindications and applications to patient care with input and supervision of clinical instructor
- Participates in discharge planning as per directive and supervision of onsite clinical instructor
- State specific requirements not already included in the above: _____
Other: _____

Physical Therapy Students:

SUMMARY OF PATIENT CARE DUTIES TO BE PROVIDED BY THE STUDENT

Provides the following interventions with direct supervision and instruction from _____, the onsite clinical instructor, and may perform per the Practice Act of the State of _____ congruent with supervision levels after being observed for a minimum of three (3) times demonstrating clinical competence each time:

- Evaluation and treatment per physician order and consent of the onsite clinical instructor.
- Provides therapeutic interventions per the plan of care; progresses patient per the plan of care and assesses patient progress with supervision of the onsite clinical instructor.
- Documents treatment provided per the facility procedures with co-signatures of the onsite clinical instructor.
- Applies modalities per the plan of care and able to verbalize indications/contraindications and applications to patient care with input and supervision of clinical instructor.
- Participates in discharge planning as per directive and supervision of onsite clinical instructor.
- State specific requirements not already included in the above: _____
Other: _____

STUDENT AFFILIATION AGREEMENT - ADDENDUM 2

The Following Patient Care Duties Cannot Be Provided By Students

1. Any skill disallowed by student(s) program of study.
 - a. Disallowed skill(s) will be included with Student Program of Study learning objectives, program expectations, policies and procedural guidelines for clinical rotations.
2. Student may not perform any duties that are not under supervision of certified / registered / licensed individual in their area of practice.
3. Neither Students nor Instructors may not perform any patient care nor perform procedures that are outside their student program of study scope or practice.
4. Students may not administer IV push medications with or without supervision.
5. Students may not administer blood or blood products.
6. Students may not serve as witness to legal documents.
7. Patient care documentation completed by a Student must be directly supervised and cosigned by Instructor, Mentor, or Preceptor.

Radiology Students:

Students **will not** administer contrast media, radiopharmaceuticals or any other medication. Student may not administer any IV fluids, nor be responsible for monitoring or adjusting central lines. Students may only be allowed to operate any machinery outside the Medical Imaging Department under the direct supervision of a registered sonographer. Students may only perform invasive procedures under the direct supervision of the Sonographer and/or Physician as warranted by the exam. Students may not pass any ultrasound films without approval of a sonographer who is an employee of the hospital.

Nursing Students:

Students **MAY NOT** administer:

- a. Blood or Blood products
- b. Chemotherapy
- c. Initiate or adjust administration rates of PCA and epidural infusions
- d. ACLS Medications during a "Critical Event" (e.g. but not limited to Cardiac or Respiratory Arrest)

Physical Therapy Assistant Students:

Students **MAY NOT**:

Physical Therapy Evaluations and Re-evaluations

Clinical assessment of a patient's progress toward goals

Selective sharp debridement for treatment of wound care

Grade III or higher joint mobilizations

Changes to patient long term or short term goals

State specific limitations per the Practice Act of the State of Florida _____

Physical Therapy Students:
Students **MAY NOT**:

Part B Medicare ONLY: Cannot provide evaluation and treatment; can only participate in treatment of Part B patients with the clinical instructor.

State specific limitations per the Practice Act of the State of Florida_____

STUDENT AFFILIATION AGREEMENT - ADDENDUM 3

Other Legally Required Testing

All students must possess a valid CPR certificate at all times while functioning as a Student at Lake Wales Medical Center.

All Instructors must possess a valid CPR certificate at all times while functioning as an instructor at Lake Wales Medical Center.

STUDENT AFFILIATION AGREEMENT – ADDENDUM 4**STUDENT CONSENT FORM**
SUBSTANCE POLICY

Name of School: South Florida State College
 Name of Facility: Lake Wales Medical Center

Facility policy prohibits Students (as well as applicants, employees and contractors) from using “Substances” including, but not limited to, illegal drugs and legal prescription drugs without a current, legal and valid prescription. Alcohol may not be used in a manner that will cause Student to be impaired while at the Facility. Students shall be tested for Substances as directed by the School or the Facility.

The Substance Testing Policy

The Students are seeking Facility experience that is not granted to the general public.

It is Facility policy to maintain a drug and alcohol free environment.

By choosing to access the Facility through the program, the Student *must* agree to follow the Facility's substance abuse policy, including Substance testing.

Any Student who chooses not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who:

- Has chosen not to comply with the Facility's or School's directives;
- Is unfit for duty; and/or
- Has not passed or failed substance test(s) in the 12 months preceding Student's placement at the Facility

The School shall:

- Provide the Facility with a copy of each Student's completed Consent Form or request Student to provide the completed Consent Form to the Facility;
- Conduct testing of Students through a licensed laboratory, if School is responsible for Substance testing; and
- Provide to the Facility copies of each Student's test result, for every test, if School is responsible for Substance testing.

Substance Testing may also be required by the Facility:

- When a Student is injured at the Facility;
- When a drug is not accounted for per Facility policy;
- For oversight of a Student who has previously completed a Substance rehabilitation program;
- For a Student who has been absent from the School or program for more than 30 days (except for regularly calendared school breaks); and
- When a Student appears to be unfit for duty.

Student Consent, Disclosure and Release
--

I choose to:

- Agree with and follow the Substance Testing Policy.
- Provide any specimen(s) and to authorize the School and Facility and any associated persons and/or entities to conduct tests for alcohol and drugs and to allow them to access and utilize specimen and test information.
- Release the School and the Facility and any associated persons and/or entities from any and all claims, causes of action, damages, or liabilities whatsoever arising out of or related to the Substance Testing Policy and related processes.

Student Choice to Consent or Not Consent

I have read the above and I choose to (check one)

☐ Consent

or

☐ Not consent (not to remain or otherwise be in the program)

Student and Witness Signatures

Student:

Witness:

Signature

Signature

Printed Name

Printed Name

Date

Date

Additional Consent for Students under the Age of 18
--

As the parent and/or guardian of the Student named above, I hereby consent to and authorize the School and Facility and affiliated persons and/or entities to proceed as outlined above.

Parent and/or Guardian's Signature

Date

Student's Printed Name

Date

STUDENT AFFILIATION AGREEMENT – ADDENDUM 5

STUDENT BACKGROUND CONSENT FORM

Name of School: South Florida State College
 Name of Facility: Lake Wales Medical Center

Facility policy requires Students (as well as applicants, employees and contractors) to pass background checks *before* being allowed to access the Facility.

The Background Check Policy

The Students are seeking Facility experience that is not granted to the general public.

By choosing to access the Facility through the program, the Student *must* agree to have a background check as described in the Student Affiliation Agreement and herein, as directed by the School or the Facility.

Any Student who chooses not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who:

- Has not completed all documentation, forms and consents required by the Facility;
- Has chosen not to comply with the Facility's or School's directives;
- Fails to meet dress code standards and ensures that their attire clearly identifies them as a Student, rather than an employee, agent, or medical staff of Facility;
- Is unfit for duty; and/or
- Has not passed a background test within the twelve (12) months preceding Student's provision of Patient Care Services.

Safety is not optional. School or Facility shall complete each of the following background checks *before* Students may provide Patient Care Services at Facility:

- Office of Inspector General ("OIG") List of Excluded Individuals/Entities

Facility shall not accept Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, another approved software program, and certain internet sites.

- License or Certification

Facility shall not accept Students whose licenses or certifications have ever been suspended, revoked, terminated, or otherwise modified as to rights and privileges. However, if such sanctions resulted from use of a controlled substance and the Students have successfully completed a rehabilitation program, Facility may accept them so long as they undergo periodic substance abuse testing as determined by the Facility.

- Criminal Records Check

School or Facility shall conduct criminal records checks on Students at the federal, state, and local levels before Student may be allowed to train at the Facility and thereafter. The CEO of Facility will have the authority to make the final decision regarding the acceptance of any Student with a criminal record.

Student Choice to Consent or Not Consent

The information I have disclosed to the School and Facility is true, correct and complete. I understand that any misrepresentation, falsification, omission or deception of material facts may cause my application to be rejected or any program participation terminated.

I authorize the procurement or release of a consumer report or investigative consumer report about me. I understand such report(s) may include information such as my character, general reputation, personal characteristics or mode of living, criminal, credit, and professional licensure certification.

I authorize any entities or individuals with which I have been associated to supply the School and Facility and their agents with this background information and I release any entities or individuals from all liability whatsoever related to the information or its furnishing. My authorization and release includes my waiver of any Family Educational Rights and Privacy Act (FERPA) provisions that apply to me.

I also authorize the School and Facility and their agents to contact any government and/or private entities and persons to verify the validity of any documentation.

I have read the above and I choose to (check one)

☐ Consent

or

☐ Not consent (not to remain or be in the program)

Student and Witness Signatures

Student:

Witness:

Signature

Signature

Printed Name

Printed Name

Date

Date

Additional Consent for Students under the Age of 18
--

As the parent and/or guardian of the Student named above, I hereby consent to and authorize the School and Facility and affiliated persons and/or entities to proceed as outlined above.

Parent and/or Guardian's Signature

Date

Student's Printed Name

Date

ADDENDUM 6**DISCLOSURE AND AUTHORIZATION**

I authorize the Facility, the School and any persons and entities associated with them, to conduct background investigations which will include the obtaining of Investigative Consumer Reports and Consumer Reports. Such investigations may include seeing information about me such as my employment(s), personal history, education, character, general reputation, criminal, licensure/certification, credit and driving histories.

I also authorize, without reservation, the obtaining of information from other persons and entities (such as other employers, companies, schools, government entities and credit agencies) for information about me, and for those persons or entities to release that information, without reservation or liability.

Print legal first, middle and last name

Social Security Number DOB

Driver's License # & State Issued

Health License/Certificate # & State Issued

Addendum 8 – Flu Vaccine Attestation

The Flu Vaccine Attestation Letter(s) are to be completed by the School and forwarded to the Facility on or before October 1st of each calendar year for all students at the facility between October 1st and March 31st of the calendar year. The following statement(s) (A, B, or C Below) will be submitted on school letterhead, will include student name, student date of birth, and will indicate if each student has received, declined, or has declined FLU Vaccination due to medical contraindication. The letter(s) may include one or multiple students listed under each category. The required information will be submitted on School Letterhead and will be signed by School Representative. This information is data is reported to the Center for Disease Control (CDC).

FLU VACCINE ATTESTATION

This letter certifies the following (Insert School Name) Student(s)

A) have **RECEIVED** the (insert year) Flu Shot:

(Student First Name, Student Last Name Date of Birth)

B) have signed Flu Vaccine **DECLINATION** form(s) for the year (insert year here) which are on file at the University of West Florida.

(Student First Name, Student Last Name Date of Birth)

C) have documented medical **CONTRAINDICATION** to the influenza vaccine on file at the University of West Florida.

(Student First Name, Student Last Name Date of Birth)

Signature

Title

Date

The following information is to be included:

Person signing letter

Title

Organization

Address

Contact information

The following Student / Instructor _____ will be attending clinical rotations
at Lake Wales Medical Center starting _____ through _____.
Circle Full Name Date of Birth

- 1) Federal, State, & Local background check(s) show no criminal findings
- 2) Do not appear on the Office of Inspector General ("OIG") List of Excluded Individuals/Entities
- 3) License(s) have never been suspended, revoked, terminated, or modified.
- 4) Negative Drug Screen (Substance Test)
- 5) Current CPR for Healthcare Providers card is on file at South Florida State College
- 6) Record of physician examination to include general physical exam, utilizing history and immunization assessment is on file at South Florida State College and deems the student/instructor fit for attending clinical rotations.
- 7) Immunizations including varicella, MMR, and tetanus are current
- 8) Completed series of Hepatitis – B vaccine or informed refusal of vaccine
- 9) Negative TB Test within 12 months of initiation of clinical rotation or:
 - a. In the event of a positive TB skin test, chest x-ray within the past three (3) years
 - b. Evidence of no TB per negative result of interferon-gamma release assay blood test (T-Spot or Quantiferon Gold) within the 12 months prior to initiation of clinical rotations
- 10) Student/Instructor understands that no material related to the clinical education experience at the facility shall be circulated or published.
- 11) Student/Instructor is aware of limited available space to store personal belongings.
- 12) Student/Instructor health insurance is current during their clinical rotations.
- 13) Professional liability coverage (\$1,000,000/\$3,000,000) is current during clinical rotations
- 14) Student/Instructor agrees to abide by all applicable laws and regulations, including HIPAA
- 15) Student/Instructor is aware of affiliation agreement's included and excluded patient care duties
- 16) If available at time of attestation:
 - a. FLU vaccine administered _____(date)
 - b. Signed a declination of FLU vaccine _____(date)
 - c. FLU vaccine was declined due to medical reasons (circle) Yes No Not Applicable

Date _____

Person signing letter
Title
Organization
Address
Contact information