




EXHIBIT "B"

OFFICE OF THE PRESIDENT

Item 5.2.1

PRESENT TO BOARD: OCTOBER 27, 2021

TO: SOUTH FLORIDA STATE COLLEGE
DISTRICT BOARD OF TRUSTEES

FROM: THOMAS C. LEITZEL 

SUBJECT: AFFILIATION AGREEMENT – ADVENTHEALTH POLK SOUTH, INC

Approval is requested to **renew** a master affiliation agreement between Advent Health Polk South, Inc (d.b.a. Advent Health Lake Wales) and South Florida State College for the purpose of providing clinical rotations in the following program: Paramedic. This contract renews annually.

SUGGESTED MOTION:
Move to approve the renewal of an agreement between AdventHealth Polk South, Inc. and South Florida State College as presented.



**MASTER ACADEMIC AFFILIATION AGREEMENT
(For Educational Programs not requiring Physician Supervision)**

BETWEEN

SOUTH FLORIDA STATE COLLEGE

AND

**ADVENTHEALTH POLK SOUTH, INC.
d/b/a ADVENTHEALTH LAKE WALES**

THIS AFFILIATION AGREEMENT, entered into and effective September 22_____, 2021 (the “**Effective Date**”), is between South Florida State College (hereinafter the “**Academic Institution**”), and AdventHealth Polk South Inc. d/b/a AdventHealth Lake Wales (hereinafter the “**Hospital**”), hereinafter each being referred to as a “**Party**” and collectively referred to as the “**Parties**”.

WHEREAS, Academic Institution desires that individuals, ages 18 and older enrolled in its undergraduate and graduate program(s) as specified in **Exhibit A** (hereinafter referred to as “**Students**”), obtain clinical and non-clinical training and experience at the Hospital;

WHEREAS, Hospital, comprised of one (1) campus:

- AdventHealth Lake Wales – 410 S 11th St, Lake Wales, FL 33853

(hereinafter the “**Facilities**”), and provides clinical and/or medical services;

WHEREAS, Hospital is willing to offer the necessary Hospital Facilities and staff for approved clinical and non-clinical training and experience (hereinafter referred to as “**Rotation**”) in recognition of the need to train Students;

WHEREAS, it is to the benefit of both Academic Institution and Hospital to cooperate in the educational preparation of Students so as to promote excellence in patient care, to ensure professional competence, and to provide maximum utilization of community resources; and

WHEREAS, the Board of Directors of Hospital shall continue as the governing body of Hospital and the Board of Directors of Academic Institution shall continue as the governing body of Academic Institution in accordance with each Parties’ respective charters, constitutions and by-

laws in effect at the time of the execution of this Agreement.

NOW, THEREFORE, in consideration of mutual promises set forth herein and other good and valuable consideration, Academic Institution and Hospital agree as follows:

1. **PURPOSE.** The purpose of this Agreement is to establish procedures and guidelines pursuant to which Hospital shall provide Facilities for Rotations for Students who are in good standing with Academic Institution and who are accepted for training by Hospital.
2. **TERM AND TERMINATION.** The term of this Agreement shall be for a period of two (2) years from the Effective Date ("Term"). This Agreement may be extended or renewed upon advance written agreement of the Parties hereto. This Agreement may be terminated by either Party upon thirty (30) days' prior written notice of a material breach by the other Party, provided such breach is not cured within such thirty (30) day period. This Agreement may be terminated by either Party without cause upon at least ninety (90) days' prior written notice. Notwithstanding the foregoing, however, a Student currently participating in a Rotation at the time of termination without cause shall be given the opportunity to finish the Rotation at Hospital, provided that this is not intended to alter Hospital's rights under Section 3(m) hereof.
3. **RESPONSIBILITIES OF HOSPITAL.** In accordance with the terms and conditions of this Agreement, Hospital agrees to provide premises, facilities, staff and services involving clinical training experiences for Students in connection with an approved Rotation and/or with an approved preceptor, and Hospital shall:
 - a) Be solely responsible for any and all appointments to its Medical Staff and faculty.
 - b) Cooperate with Academic Institution in a mutually agreeable manner in enforcing Academic Institution policies and procedures related to Student performance and Student conduct, provided that such policies and procedures do not conflict with Hospital's policies and procedures. In the event of a conflict, Hospital's policies and procedures will control.
 - c) Endeavor to comply with all applicable requirements of any accreditation authority over Hospital and certify such compliance upon request by Academic Institution.
 - d) Permit the authority responsible for accreditation of Academic Institution's curriculum to evaluate for consistency with institutional purpose, vision, values and mission the facilities, services and all other items provided by Hospital upon reasonable advance notice.
 - e) Accept Students for Rotations, the number of which shall be determined at the sole discretion of Hospital, based upon Hospital's space, patient population with respect to a Rotation, appropriateness and availability of approved preceptors, and upon any other considerations as solely and absolutely determined by Hospital. Hospital will have the right, but not the obligation, to interview any potential Students prior

to accepting said Student for Rotation.

- f) Designate at least one person to serve for Hospital as liaison (hereinafter the “**Hospital Liaison**”), and provide Academic Institution, in **Exhibit B**, the names of all persons proposed as Hospital Liaison who will:
 - (1) Assist Academic Institution’s coordinating faculty members (hereinafter the “**Faculty**”) with the planning of educational experiences and patient care assignments during the Rotations; and
 - (2) Meet with Academic Institution’s Faculty as needed to discuss the quality of the educational experiences and any problems which may have arisen in the provision of those experiences; and
 - (3) Will work with Academic Institution’s Faculty to provide preceptors for any Rotation for which Academic Institution requests preceptors reasonably in advance of the Rotation. Preceptors selected by Hospital for a Rotation will meet such experience, licensure, and skills requirements as are mutually agreed upon by Academic Institution and Hospital. Hospital Liaison will work with Faculty in determining the assignment of Hospital preceptors within each Rotation.
- g) Endeavor to include appropriate members of Faculty in Hospital meetings or communications when policies to be discussed will affect or are related to the Rotation and/or Students at Hospital’s discretion.
- h) Provide Students and Faculty with an orientation of Hospital’s facilities, or orientation packets about the Hospital, which will include training about policies and procedures, including without limitation the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”), especially as it relates to Hospital’s confidentiality requirements, and instruction on Occupational Safety and Health Administration (“**OSHA**”) regulations regarding blood-borne pathogens, infectious disease plans, and hazardous chemical plan, and how, when and why to report incidents.
- i) Provide supervised educational experiences for Students that fulfill the curriculum requirements of Academic Institution and meet the objectives agreed upon by Academic Institution and Hospital. Allow Faculty access to the Facilities for the purposes of coordinating, observing and instructing Students engaged in educational experiences.
- j) Plan, administer and retain total responsibility for all aspects of patient care and assure qualified supervision of all patient activities.
- k) Provide Faculty and Students with, or seek emergency accident care for injuries, or illnesses of an acute nature, incurred while on duty at Hospital. Emergency

treatment of Faculty or Students for any injuries incurred during educational activities must be covered and paid for through Faculty's or Student's personal health insurance plan, or through their own resources. Personal health insurance coverage for Faculty or Students will not be the responsibility of Hospital.

- l) Not guarantee that it will place or maintain placement of any Student at Hospital.
- m) In its sole and absolute discretion at any time, summarily relieve a Student or Faculty from a specific assignment, or request that a Student or Faculty leave a patient care area or withdraw any Student or Faculty from its facilities whose conduct or work with patients, personnel, or medical staff is not in accordance with the policies and procedures of Hospital or is detrimental to patients or others. Hospital shall use reasonable efforts to notify Academic Institution of any Student or Faculty whose work or conduct with clients, patients or personnel is not, in the opinion of Hospital, in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient care or Hospital's operation. Academic Institution agrees to immediately communicate and implement as appropriate Hospital's determination to withdraw such Student or Faculty from Hospital's Facilities.
- n) The Parties acknowledge that many student education records are protected by the Family Educational Rights and Privacy Act ("FERPA") and by Florida state law, and that generally, written student consent must be obtained before releasing personally identifiable student education records to anyone other than Academic Institution. Academic Institution agrees to provide guidance to Hospital with respect to complying with the provisions of FERPA and similar state law. Hospital agrees to treat all Student education records that are specifically identified as such by the Parties as confidential and not to disclose such Student education records except to Academic Institution and Hospital officials who need the information to fulfill their professional responsibilities, or as required or permitted by law. The Parties acknowledge that the fact that a Student is mentioned in a record or report generated and/or maintained by Hospital in the normal course and scope of its operations, and not created or maintained by Academic Institution, may not necessarily cause such record or report to be considered a "student education record" for purposes of this paragraph.

4. **RESPONSIBILITIES OF ACADEMIC INSTITUTION.** Academic Institution shall:

- a) Be solely responsible for any and all appointments to its faculty.
- b) Provide course outlines to Hospital that include objectives, goals and classes for each Rotation and coordinate with Hospital the length and timing of each Rotation.
- c) Provide a contact person at Academic Institution with authority over each program for which each Student is training, which contact person is set forth in **Exhibit A** attached hereto.

- d) Provide a letter of good standing to Hospital indicating that each Student and Faculty has signed a copy of **Exhibit D** and is current on all immunizations prior to their participation in the Rotations, as well as being able to meet physical and mental capabilities. Students and Faculty in patient care areas must have current immunizations including:
- Varicella
 - Hepatitis B (or signed waiver if refused)
 - MMR
 - Tetanus, Diphtheria, Pertussis (Tdap) (or signed waiver if refused)
 - Initial Tuberculosis (TB) Screening (Dated no earlier than enrollment in current academic program with no more than a 3 month break in active enrollment) by PPD or TB blood test. Academic Institution will notify Hospital of any positive PPD or TB blood test results. If Student or Faculty has positive PPD or TB blood test result Academic Institution will provide confirmation that Student or Faculty has a negative chest x-ray.
 - Annual Respirator Fit test – within last 12 months
 - Annual Flu shot or wear a mask during the months of December, January, February, and March.
 - If Flu immunization not yet received, complete **Exhibit F**, Flu Attestation.

Academic Institution will maintain required immunization records in support of the letter of good standing.

- e) Provide a letter of good standing indicating that a criminal background check has been conducted on all Students 18 years of age or older and all Faculty, prior to commencement of their initial Rotation. The criminal background check must include all cities, counties, and states in which a Student or Faculty has resided in and in which a Student or Faculty has worked at any time during the past seven (7) years. Attached hereto as **Exhibit C** is Hospital's "Student Disqualification Guidelines — Criminal Background" to be used by Academic Institution in connection with the background checks. Academic Institution will not send any Student who is disqualified to Hospital's Facility to participate in a Rotation. Hospital retains the ultimate right to determine if a Student is disqualified. With respect to the criminal background check, Academic Institution is solely responsible to notify Student or Faculty of any adverse action in compliance with the Fair Credit Reporting Act.
- f) Provide a letter of good standing indicating that a five panel Drug Screen has been conducted, and results were negative, on all Students prior to the commencement of their initial Rotation. The five-panel drug test shall consist of Amphetamines, Marijuana, Cocaine, Opiates and Phencyclidine. Students with positive findings in background must be cleared on an individual basis.
- g) Present Students for Rotations who have adequate preclinical instruction and who, in the discretion of Faculty, have adequately fulfilled the preclinical requirements

for the Rotation.

- h) Provide Hospital, in writing, the names of Students assigned by Academic Institution to participate in the Rotation prior to the beginning of the Rotation.
- i) Provide the services of a Faculty member or other Academic Institution liaison who will:
 - (1) Plan, in conjunction with staff member(s) of Hospital, the educational experiences that will fulfill the educational requirements of the Program curriculum; and
 - (2) Meet with staff member(s) of Hospital as necessary to discuss the quality of the educational experiences and any problems which may have arisen in the provision of those experiences.
- j) Inform Students of the requirement to comply with the applicable policies and procedures of Hospital as well as all applicable federal, state and local laws, rules and regulations during the course of their participation in the Rotation.
- k) Require Students to obtain prior written approval of both Parties before publishing any articles, presentations or other publications in any journals, books, periodicals or other literature related to the learning experience provided under the terms of this Agreement. Students shall submit all completed articles, presentations, manuscripts and any related documents or reports to Hospital for review and approval no less than sixty (60) days prior to the date of submission for publication, disclosure or presentation.
- l) Establish and maintain for each Rotation, curriculum standards and educational policies that meet Academic Institution standards and applicable licensing and accreditation requirements.
- m) Retain overall responsibility for Students and administer, organize and operate the overall educational program and retain responsibility for the education of Students in and for Academic Institution's program curriculum, its design, delivery, and quality.
- n) Inform Students of the requirement to provide and wear the necessary and appropriate uniform while on duty at Hospital, including the required AdventHealth identification badge. Students not wearing appropriate identification will not be allowed to participate in Rotations at Hospital facilities.
- o) Inform Students and Faculty of the requirement to maintain the confidentiality of all records or information exchanged in the course of the Rotation in accordance with Hospital policies and all applicable federal and state laws, rules and regulation, including HIPAA.

- p) Will not guarantee it will place or maintain the placement of any Student at Hospital.
- q) Upon receipt of Hospital's notice of a Student or other Rotation participant whose work or conduct with clients, patients or personnel is not in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient care or Hospital's operations, evaluate such Student's or Rotation participant's conduct and take appropriate action. It is understood that, if Hospital takes action under provisions of Section 3 m) above, that the Student or Rotation participant's participation in the Rotation at Hospital shall immediately cease, subject to being resumed only with the mutual written agreement of Academic Institution and Hospital.

5. INDEPENDENT CONTRACTOR/STUDENT STATUS.

- a) The relationship of the Parties hereunder shall be an independent contractor relationship, and not an agency, employment, joint venture or partnership relationship. Neither Party shall have the power to bind the other Party or contract in the name of the other Party. All persons employed by a Party in connection with this Agreement shall be considered employees of that Party and shall in no way, either directly or indirectly, be considered employees or agents of the other Party.
- b) Students shall participate in Rotations hereunder for the sole consideration of obtaining an educational experience. Each Party agrees that Students will be in a learning situation and that the primary purpose of the placement is for Students' learning and the benefit of Students. It is further understood that Students shall not at any time replace or substitute for any Hospital employee. Nor shall Students perform any of the duties normally performed by an employee of Hospital except such duties as are a part of their training and are performed by a Student under the direct supervision of a Hospital employee. Students are not entitled to a job at Hospital upon the completion of the educational experience. Hospital derives no immediate advantage from the activities of Students, and on occasion its operations may actually be impeded. No Student in a Rotation will be deemed to be an employee, agent or volunteer of Hospital by virtue of participation in the Rotation, nor will Hospital be liable for the payment of any wage, salary, or compensation of any kind for service provided by Students while participating in a Rotation. Academic Institution shall indemnify, defend and hold Hospital harmless of and from any claim for wages, salary or compensation of any kind, asserted by any Students participating in any Rotation. Further, no Student will be covered under Hospital's Worker's Compensation, social security, or unemployment compensation programs while participating in a Rotation.

6. INSURANCE AND INDEMNIFICATION.

- a) Insurance of Academic Institution. Academic Institution agrees that it shall

maintain during the Term of this Agreement for itself, its Faculty, and its Students, a policy of professional liability insurance, with a single limit of no less than \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate. Academic Institution further warrants that it will keep such professional liability insurance in full force and effect to respond to any claims arising out of the actions of Academic Institution and its Students or Faculty during the Term of this Agreement and for the two (2) year period immediately following the termination or expiration of this Agreement. Academic Institution shall provide Hospital with a certificate of insurance evidencing such coverage upon Hospital's request. Academic Institution shall give Hospital written notice within ten (10) days' prior to any changes, modification, cancellation or non-renewal of such insurance. If the insurance is not provided as required herein, Hospital shall have the right to immediately terminate this Agreement, or any programs arising from this Agreement, notwithstanding any other term or termination provisions contained in this Agreement.

- b) Insurance of Hospital. Hospital agrees that it shall maintain general and professional liability self-insurance for itself and its employees, with a single limit of no less than \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate. Hospital further warrants that it will keep such professional liability insurance in full force and effect to respond to any claims arising out of the actions of Hospital and its employees during the Term of this Agreement and for the two (2) year period immediately following the termination or expiration of this Agreement. Hospital shall provide Academic Institution with a certificate of insurance evidencing such coverage upon Academic Institution's request. Hospital shall give Academic Institution written notice within ten (10) days' prior to any changes, modification, cancellation or non-renewal of such insurance.
- c) Indemnification by Academic Institution. Academic Institution agrees to indemnify and hold Hospital, its directors, agents, representatives, and employees, harmless from and against any and all claims, damages, costs and expenses, including attorneys' fees, arising in connection with any negligent acts or omissions by Academic Institution or Students in the performance of their obligations under this Agreement. The College is a political subdivision of the State of Florida as defined in Section 768.28, Florida Statutes and nothing herein is intended to serve as a waiver of the College's sovereign immunity.
- d) Indemnification by Hospital. Hospital agrees to indemnify, defend and hold harmless Academic Institution from and against any and all claims, damages, costs, and expenses, including reasonable attorneys' fees, arising in connection with any negligent acts or omissions by Hospital in the performance of its obligations under this Agreement.

7. MISCELLANEOUS.

- a) Assignments. This Agreement may not be assigned, either in whole or in part, to a third party without the prior written consent of the non-assigning Party.

- b) Third Party Obligations. This Agreement is made solely for the benefit of the Parties named in this Agreement, and is not intended to create rights or any cause of action in any third parties, including without limitation, Students.
- c) Performance. A delay in or failure of performance of either Party that is caused by occurrences beyond the control of either Party shall not constitute a default hereunder, or give rise to any claim for damages.
- d) Administration of Agreement. The Dean of Academic Institution or their designee and the Chief Academic Officer of Hospital or their designee shall serve on a day-to-day basis to supervise the administration of the terms and conditions of this Agreement. In the event of disagreement, the matter shall first be referred for resolution to the Dean of Academic Institution and the Chief Academic Officer of Hospital or their respective designee.
- e) Applicable Law. The validity, interpretation and enforcement of this Agreement shall be governed by the laws of the State of Florida.
- f) Entirety of Agreement. This Agreement contains the entire Agreement between the Parties and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter contained herein.
- g) Cooperation. A Party will reasonably cooperate with the other Party and its counsel in the defense of any claims against a Party in any way arising out of or connected with this Agreement. Such cooperation, including attendance at depositions, trials, conferences, and the rendering of written reports, will be at no expense to the Party not subject to the claim.
- h) Amendments and Modifications to Agreement. All amendments and modifications to this Agreement shall be made by written mutual consent of both Parties.
- i) Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.
- j) Invalidity. The invalidity or unenforceability of a particular provision of this Agreement shall not affect the other provisions hereof, and the Agreement shall be construed in all respects as if such valid or unenforceable provisions were omitted.
- k) Notices. This Agreement, and all notices under this agreement, may be executed in separate counterparts. Delivery of any signature via telecopy or other facsimile transmission shall be deemed equivalent to physical delivery of the original signature page. Any signature page of any counterpart hereof, whether being an original signature or an electronic facsimile transmission of a signature may be appended to any other counterpart hereof to form a completely executed counterpart

hereof. Such notices shall be delivered to the following:

Hospital Representative:

Suzanne Davies
Suzanne.Davies@AdventHealth.com
AdventHealth Heart of Florida Education Director
Attn: Academic Contracts
40100 HWY 27
Davenport, FL 33837

Academic Institution Representative:

Sid Valentine
Vice President for Academic
Affairs and Student Services
(863) 784-7121

IN WITNESS WHEREOF, the Parties, through their respective authorized representatives, have executed this Agreement as of the Effective Date.

HOSPITAL:

ACADEMIC INSTITUTION:

ADVENTHEALTH POLK SOUTH INC.

South Florida State College

By: [Signature]
Name: Royce Brown
Title: Chief Executive Officer
Date of Signature: 11/16/21

By: [Signature]
Print Name: Thomas C. Leitzel
Title: President
Date of Signature: _____

By: _____
Print Name: _____
Title: _____
Date of Signature: _____

By: _____
Print Name: _____
Title: _____
Date of Signature: _____

**EXHIBIT A
ACADEMIC INSTITUTION'S PROGRAMS
AND CONTACT PERSON**

Program: EMT/ Paramedic

Contact: Richard Shepard

Phone #: 863-784-7187

Program: Nursing Undergraduate

Contact: Theresa Lethbridge

Phone: 863 784 7432

EXHIBIT B
ADVENTHEALTH SPONSORING DEPARTMENT
AND LIAISON CONTACT INFORMATION

AdventHealth Department: Education

Contact: Caila DuVerger

Phone #: 863-419-2425

AdventHealth Department: Nursing

Contact: LaTosha Phillips

Phone #: 863-679-6811

EXHIBIT C
Student Disqualification Guidelines — Criminal Background

A Student will be disqualified from placement at any Hospital facility if the Student admits to, or a criminal background check reveals, a conviction or any disposition other than a finding of “not guilty” or a complete dismissal of the charges for one or more of the following generic crimes or their equivalents: The criminal background check must include all cities, counties, and states in which the Student has resided and worked at any time during the preceding seven (7) years.

Murder
Manslaughter
Carjacking
Use of a weapon in the commission of a crime
Robbery or theft (including, but not limited to, theft by falsification of financial records or embezzlement)
Passing worthless checks
Credit card fraud/fraudulent use of a credit card
Forgery
Identity theft
Burglary
Arson
Kidnapping
False Imprisonment
Home invasion
Assault
Aggravated assault
Battery
Aggravated battery
Resisting arrest with violence
Domestic violence
Any stalking offense
Rape
Sexual battery
Trespass for sexual purposes (e.g., peeping)
Lewd and lascivious behavior
Lewd and lascivious act upon a child
Lewd act in the presence of a child
Child abuse
Child abandonment
Child neglect
Any other crime involving physical violence or a crime against a child
Possession of child pornography
Sale, delivery or trafficking in child pornography
Exploitation, neglect, or abuse of a disabled adult or elderly person
Sale, delivery or trafficking in narcotics (drugs)
Felony possession of a controlled substance

Any other felony level offense involving violation of a drug abuse prevention and control law
(including but not limited to felony level possession, sale, purchase, manufacture, or
use of controlled substance in violation of applicable law)

Felony driving while intoxicated or under the influence of drugs or alcohol

Falsification of prescription records

Hate crimes

Terrorism

Escape or attempted escape from incarceration

A Student who admits to, or whose criminal background check reveals, a criminal conviction or any disposition other than a finding of “not guilty” or a complete dismissal of the charges relating to crimes other than those listed above is not automatically disqualified and may be considered for placement at an Hospital facility based on a case-by-case evaluation, including but not limited to, the following factors: nature of the offense(s); criminal history (pattern/recidivism); remoteness in time of the offense; relevance of offense to position being offered; age at time of offense; and evidence of rehabilitation.

EXHIBIT D
Student/Faculty Physical and Mental Requirements

Requirement	Occasionally	Frequently	Continually	Requirement	Occasionally (i.e., Monthly)	Frequently (i.e. Weekly)	Continually (i.e. Daily)
General Requirements (has the ability to...)				Required Lifting (ability to lift...)			
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11 to 24 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 to 34 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35 to 50 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to and over 100 for some Clinical Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pushing/Pulling (ability to push and pull...)			
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maintain Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11 to 24 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 to 34 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				35 to 50 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sensory Requirements (has ability for...)				Up to and over 100 for some Clinical Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Far Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Near Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental & Emotional Requirements (ability to...)	YES	NO	
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cope with high level of stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Depth Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Make decisions under high pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Seeing Fine Details	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cope with anger/fear/hostility of others in a calm way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hearing Norm Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentrate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hearing Overhead Pages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Handle a high degree of flexibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Telephone use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handle multiple priorities in stressful situation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				Demonstrate high degree of patience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Environmental Exposure (may be exposed to...)	YES	NO		Work in areas that are close and crowded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infectious Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Chemical Agents	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hand Manipulation (ability with...)			
Dust, Fumes, Gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extremes in Temperature or Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Firm Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous or Moving Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Loud Noises	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Use of Keyboards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

As a Student or Faculty, I understand the requirements outlined above for participation in a Rotation at AdventHealth Lake Wales. I believe that I can meet and abide by the requirements. I am aware that, pursuant to the Americans with Disabilities Act, I am entitled to request reasonable accommodation in meeting the requirements.

Signature: _____

Date: _____

Student Name: _____ Date: _____

Academic Affiliate: _____

Academic Affiliate Representative Name: _____

This Initial Attestation is required for all students. Attestation of the following requirements shall be provided prior to first assignment. Evidence of completion shall be immediately available at Academic Affiliate, upon request.

Exhibit D- Student/faculty physical and mental requirements signed and on file at the Academic Institution **Check if on file** _____

Skills Checklist/Competency tests **Check if on file** _____

I-9 / Work / VISA permit if applicable **Check if on file** _____

Primary Source Verification of Licensure / Registration / Certification (if applicable) **Expiration Date** _____

Criminal Background Check Report - Associated with enrollment in current academic program with no more than 3 months break in active enrollment, or hire date with school **Date Completed** _____

Non-AH Staff Orientation Packet* **Date Completed** _____

Proof of Negative 5 panel Drug Test - Associated with enrollment in current academic program with no more than 3 months break in active enrollment, or hire date with school **Date Completed** _____

Health insurance is current during their clinical rotations **Check if on file** _____

Professional liability coverage of 1 million dollars per occurrence/3 million dollars aggregate is current during clinical rotations. **Check if on file** _____

Agree and abide by all applicable laws and regulations, including HIPPA **Check if on file** _____

NON-AH STAFF WORKING IN PATIENT CARE AREAS MUST ALSO MEET THE FOLLOWING REQUIREMENTS

Proof of MMR Vaccination **Check if on file** _____

Proof Varicella (chicken pox) vaccination or immunity by titer or history **Check if on file** _____

Hepatitis B (recommended - signed waiver if refused) **Check if on file** _____

TB Requirement - Associated with enrollment in current academic program with no more than 3 months break in active enrollment **Date Completed** _____

Annual Respirator Mask Fit Testing (within last 12 months) **Date Completed** _____

Flu Vaccine for current flu year **Date Completed** _____
(If flu vaccine is declined, Non-AH Staff must wear a mask during months of Dec, Jan, Feb & March)

Printed Name / Signature of Academic Affiliate Representative

Date

*Forms provided by AdventHealth Lake Wales

**EXHIBIT F
STUDENT AFFILIATION AGREEMENT**

The Flu Vaccine Attestation Letters(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 1 51 and March 31st of the same calendar year. The following statement(s) (A, B, or C Below) will be submitted on school letterhead, include student name and date of birth, signed and dated by a representative of the School.

FLU VACCINE ATTESTATION

This letter certifies the following Student(s)

A) Has **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 (School).

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

C) Have documented medical **CONTRAINICATION** to the influenza vaccine on file at the (School).

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

D) Have documented medical **CONTRAINICATION** to the influenza vaccine on file at the School.

(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