



EXHIBIT "C"

OFFICE OF THE PRESIDENT

Item 5.2.2

PRESENT TO BOARD: JANUARY 31, 2024

TO: SOUTH FLORIDA STATE COLLEGE  
DISTRICT BOARD OF TRUSTEES

FROM: FRED HAWKINS 

SUBJECT: AFFILIATION AGREEMENT – ADVENTHEALTH WEST FLORIDA DIVISION

Approval is requested to enter into the agreement between AdventHealth West Florida Division and South Florida State College for the purpose of making the clinical facilities available to the College's Health Sciences program.

**SUGGESTED MOTION:**

**Move to approve the agreement between AdventHealth West Florida Division and South Florida State College as presented.**

## **NON-EXCLUSIVE MASTER EDUCATIONAL AFFILIATION AGREEMENT**

### **ADVENTHEALTH WEST FLORIDA DIVISION**

**THIS AFFILIATION AGREEMENT**, entered into and effective January 11, 2024 (the “Effective Date”), is between South Florida State College (hereinafter the “Academic Institution”) and the following Florida not for profit corporations (each a “Hospital” and collectively the “Hospitals”), all of which are members of AdventHealth, and doing business as AdventHealth West Florida Division:

- University Community Hospital, Inc. d/b/a AdventHealth Tampa, which includes AdventHealth Brandon ER (“AHT”);
- University Community Hospital, Inc. d/b/a AdventHealth Carrollwood, which includes AdventHealth Westchase ER (“AHC”);
- University Community Hospital, Inc., d/b/a AdventHealth Connerton;
- Tarpon Springs Hospital Foundation, Inc. d/b/a AdventHealth North Pinellas, which includes AdventHealth Palm Harbor ER (“AHNP”);
- Pasco-Pinellas Hillsborough Community Health System, Inc. d/b/a AdventHealth Wesley Chapel, which includes AdventHealth ER Central Pasco (“AHWC”);
- Florida Hospital Zephyrhills, Inc. d/b/a AdventHealth Zephyrhills (“AHZ”); and
- Adventist Health System/Sunbelt, Inc. d/b/a AdventHealth Sebring, and AdventHealth Lake Placid (“AH Sebring”);
- Adventist Health System/Sunbelt, Inc. d/b/a AdventHealth Wauchula (“AH Wauchula”);
- Florida Hospital Dade City, Inc. d/b/a AdventHealth Dade City (“AHDC”);
- Florida Hospital Ocala, Inc. d/b/a AdventHealth Ocala, which includes AdventHealth Timber Ridge ER and AdventHealth Belleview ER (“AHO”)
- AdventHealth Polk North, Inc. d/b/a AdventHealth Heart of Florida, which includes AdventHealth Four Corners ER (“AHHOF”);
- AdventHealth Polk South, Inc. d/b/a AdventHealth Lake Wales (“AHLW”)

Hospital(s) and Academic Institution may be referred to individually as a “Party” and collectively as the “Parties.”

### **WITNESSETH**

**WHEREAS**, Academic Institution desires that individuals (hereinafter referred to as “Students”) enrolled in certain health care educational program(s) obtain clinical training and experience at one or more of the Hospitals;

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

**WHEREAS**, it is to the benefit of both the Academic Institution and the Hospitals to cooperate to encourage 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.

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

1. **RECITALS.** The above recitals are incorporated into and made a part of this Agreement.

**AGREEMENT OF PARTIES.** Students enrolled in a program of study (“Program of Study”) as designated below, who are accepted in writing by a Hospital and who are in good standing with the Academic Institution may participate in a Rotation at that Hospital. A Hospital’s written acceptance of a Student must be made in writing (email is acceptable) by the Hospital CNO or his/her designee and must specify the dates of the Rotation.

Academic Institution’s Programs of Study that are eligible for Student Rotation are as follows (check all that apply):

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Certified Nursing Asst | <input type="checkbox"/> MRI Technology        | <input type="checkbox"/> Respiratory Therapy                     |
| <input type="checkbox"/> Clinical Nutrition/Dietetics      | <input type="checkbox"/> Nuclear Medicine      | <input type="checkbox"/> Sonography                              |
| <input type="checkbox"/> CT Technology                     | <input checked="" type="checkbox"/> Nursing    | <input checked="" type="checkbox"/> Surgical Technology          |
| <input checked="" type="checkbox"/> Emergency Medical Tech | <input type="checkbox"/> Occupational Therapy  | <input checked="" type="checkbox"/> X-ray Technology             |
| <input type="checkbox"/> Food Service                      | <input checked="" type="checkbox"/> Paramedic  | <input checked="" type="checkbox"/> Other: Health Administration |
| <input checked="" type="checkbox"/> Medical Asst           | <input type="checkbox"/> Personal Training     |  |
| <input type="checkbox"/> Medical Laboratory Asst           | <input checked="" type="checkbox"/> Phlebotomy |  |
| <input type="checkbox"/> Medical Laboratory Science        | <input type="checkbox"/> Physical Therapy      |  |

2. **TERM AND TERMINATION.** The term of this Agreement shall be for (4) years beginning on the Effective Date and ending on its fourth anniversary. This Agreement may be renewed or extended upon mutual written agreement of the Parties. This Agreement may be terminated for cause by any 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 any Party without cause upon at least ninety (90) days prior written notice. The Agreement may be terminated as to one Hospital without affecting the Agreement’s continuing validity as to all other Hospitals. 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 protection does not alter Hospital’s rights under Section 4(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 to support clinical training experiences for Students in connection with an approved Rotation and when appropriate as determined within its sole discretion, to appoint a member of the Hospital staff to serve as the Student’s preceptor (“Preceptor”). Hospital shall:

- a) Be solely responsible for any and all appointments to its Medical Staff.
- b) Cooperate with the 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 of 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.
- f) Each Hospital shall designate a person(s) to serve for Hospital as liaison(s) (hereinafter the "Hospital Liaison"), who will:
  - (1) Assist the Academic Institution's coordinating faculty members (hereinafter the "Faculty") with the planning of educational experiences and patient care assignments;
  - (2) Meet with the 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) Work with the Academic Institution's Faculty to provide Preceptors for any Rotation for which the 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 the Academic Institution and the Hospital. Hospital Liaison will work with Faculty in determining the assignment of Hospital Preceptors within the Rotation(s).
- g) Endeavor to include appropriate members of the Faculty in Hospital meetings or communications when policies to be discussed will affect or are related to the Rotation and/or Students at the Hospital's discretion.
- h) Provide Students and Faculty with an orientation of the 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 the Hospital's confidentiality requirements, and instruction on 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 the Academic Institution and meet the objectives agreed upon by the Academic Institution and the Hospital. Allow Faculty access to the Facilities for the purposes of coordinating, observing and instruction of 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 the Hospital. Emergency treatment of Faculty or Students for any injuries incurred during educational activities must be covered and paid for

through the Faculty or Student's personal health insurance plan, or through his/her own resources. Personal health insurance coverage for Faculty or Students will not be the responsibility of the Hospital.

- l) Not guarantee 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 the Hospital's determination to withdraw such Student or Faculty from Hospital's facilities.
- n) Hospital acknowledges the Academic Institution is subject to the Family Educational Rights and Privacy Act ("FERPA") and that personally identifiable information of a student disclosed by Academic Institution to Hospital is (1) Confidential and subject to FERPA; (2) not to be redisclosed without the prior written consent of the student except as provided below; and (3) to be viewed only by individuals who have a legitimate need to view the information to verify or audit the qualifications of the student to participate in the clinical, practicum or internship program at Hospital. Hospital may redisclose the student's information ("Student Information") provided to Hospital by Academic Institution if required by a State, Federal, or accreditation agency investigating the care provided to a patient of Hospital based on the belief that the Student Information may be relevant to the investigation. Absent the foregoing, Hospital may not redisclose Student Information without the prior written consent of student. For the purposes of this paragraph, the hospital acknowledges 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".

**4. RESPONSIBILITIES OF ACADEMIC INSTITUTION.** The 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 course providing educational experience.
- c) Provide a contact person at the Academic Institution with authority over the Program(s) for which each Student is training (the "Academic Institution Liaison").
- d) Provide a letter of good standing to Hospital indicating that each Student has had a physical examination and is current on all immunizations required by AdventHealth policy prior to his/her participation in the Rotations. The physical examination shall include general physical exam, utilizing history (mobility, motor skills, hearing, visual and tactile abilities). Students and Faculty must meet the requirements of AdventHealth workforce immunization policy, as communicated in writing to Academic Institution by AdventHealth. 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 a Rotation. The criminal background check must include all cities, counties, and states in which the Student or Faculty has resided in and in which the Student or Faculty has worked at any time during the past ten (10) years. Attached hereto as ***Exhibit B*** 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 would be disqualified pursuant to Florida Law and the Hospital's policy to participate in a Rotation. Hospital retains the ultimate right to determine if a Student is qualified.
- f) Provide a letter of good standing indicating that a ten panel Drug Screen has been conducted on all Students prior to the commencement of a Rotation. The ten-panel drug test shall consist of Cannabinoids, Methaqualone, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, Amphetamines, Cocaine, Opiates and Phencyclidine.
- g) Provide a letter of good standing indicating that an Office of Inspector General ("OIG") check for all students has been performed and Academic Institution shall not refer any students that have been suspended or disbarred from any applicable federal payer program.
- h) License or Certification - Academic Institution shall not refer Students whose medical license 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 Student has successfully completed a rehabilitation program, Academic Institution may refer them so long as they undergo periodic substance abuse testing determined by the Hospital facility.
- i) Present Students for Rotations who have adequate preclinical instruction and who, in the discretion of the Faculty, have adequately fulfilled the preclinical requirements for the Rotation.
- j) Provide Hospital in writing the names of the Students assigned by Academic Institution to participate in the Rotation prior to the beginning of the Rotation.
- k) Provide the services of a Faculty member or other Academic Institution liaison who will:
  - (1) Plan, in conjunction with staff member(s) of the Hospital, the educational experiences that will fulfill the educational requirements of the Program curriculum;
  - (2) Meet with staff member(s) of the Hospital as necessary to discuss the quality of the educational experiences and any problems which may have arisen in the provision of those experiences; and
  - (3) Faculty will not be on-site but will be available through phone and/or email for the Program.
- l) Require Students to comply with the applicable policies and procedures of the Hospital as well as all applicable federal, state and local laws, rules and regulations during the course of their participation in the Rotation.
- m) Require Students to obtain prior written approval of both Hospital and Academic Institution before publishing any material related to the learning experience provided under the terms of this Agreement.

- n) Establish and maintain for each educational Rotation, curriculum standards and educational policies that meet Academic Institution standards and applicable licensing and accreditation requirements.
- o) 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 the Academic Institution's program curriculum, its design, delivery, and quality.
- p) Require Students to provide and wear the necessary and appropriate uniform while on duty at Hospital, including the required Academic Institution identification badge. Students not wearing appropriate identification will not be allowed to conduct training at Hospital facilities.
- q) Require Students and Faculty 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 the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
- r) Will not guarantee it will place or maintain the placement of any Program Students at Hospital.
- s) 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 4(m) above, that the Student or Rotation participant's participation in the Rotation at the Hospital shall immediately cease, subject to being resumed only with the mutual written agreement of Academic Institution and Hospital.

**5. INDEPENDENT CONTRACTOR/STUDENTS STATUS.**

- a) The relationship of the Hospital 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) No Student in the Rotation will be deemed to be an employee, agent or volunteer of the Hospital by virtue of participation in the Rotation, nor will the Hospital be liable for the payment of any wage, salary, or compensation of any kind for service provided by the Students while participating in the Rotation. Further, no Student will be covered under the Hospital's Workers' Compensation, social security, or unemployment compensation programs while participating in the Rotation.

**6. INSURANCE.**

- a) Insurance of Academic Institution. Academic Institution agrees that it shall maintain professional malpractice liability insurance (which may be self-insurance), which coverage shall apply to Academic Institution's students, the school and instructors at the school, each in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, and general liability

insurance in amounts of \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregate. Hospital understands Academic Institution has a funded program of self-insurance and is acceptable in lieu of commercial insurance.

- b) Insurance of Hospital. Hospital agrees that it shall maintain general and professional liability insurance for itself and its employees, with a single limit of no less than \$1,000,000 per claim 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 the 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.

## 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 Hospital named in this Agreement and is not intended to create rights or any cause of action in any third hospital, including without limitation, the 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 the Academic Institution or his/her designate and the Chief Academic Officer of the Hospital or his/her designate shall serve on a day-to-day basis to supervise the administration of the terms and conditions of the Agreement. In the event of disagreement, the matter shall first be referred for resolution to the Dean of the Academic Institution and the Chief Academic Officer of the Hospital or their respective designee.
- e) Applicable Law. Intentionally omitted.
- f) Entirety of Agreement. This Agreement contains the entire Agreement between the Hospital and the Academic Institution 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 Hospital and Academic Institution.
- 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) Excluded Provider. Each party represents that neither it, nor any healthcare provider or staff employed by or associated with it, are currently under investigation by any local state or federal government agency for Medicare or Medicaid false claims, fraud or abuse, and/or have not been sanctioned by a state, local, or federal government agency; and are not excluded from participating in state, local, or federal government payor programs, including but not limited to Medicare or Medicaid programs and that no exclusion proceedings are pending. The excluded party agrees to notify the non-excluded party immediately in writing in the event any proceedings, inquiries and/or disciplinary action is commenced against the excluded party, its employees or agents.
- l) Notices. All notices under this Agreement shall be in writing and delivered by personal delivery; United States mail, certified, return receipt requested; or a nationally recognized overnight courier service with tracking requested. Notice to Academic Institution shall be delivered to its address set forth on the signature page hereto. Notice to a Hospital shall be delivered to the Hospital address set forth in the exhibit attached hereto as Exhibit C, with a copy to:

AdventHealth West Florida Division  
14055 Riveredge Drive, Suite 250  
Tampa, FL. 33637  
Attn: Legal Services

*(Signature Page Follows)*

IN WITNESS WHEREOF, the Hospitals and Academic Institution, through their respective authorized representatives, have executed this Agreement as of the Effective Date.

**South Florida State College:**

By: 

Notice Address:

600 West College Drive  
Avon Park, FL 33825

Its:

**HOSPITALS:**

UNIVERSITY COMMUNITY HOSPITAL, INC.  
d/b/a ADVENTHEALTH TAMPA

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

FLORIDA HOSPITAL ZEPHYRHILLS, INC.  
d/b/a ADVENTHEALTH ZEPHYRHILLS

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

UNIVERSITY COMMUNITY HOSPITAL, INC.  
d/b/a ADVENTHEALTH CARROLLWOOD

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

ADVENTIST HEALTH SYSTEM/SUNBELT,  
INC. d/b/a ADVENTHEALTH SEBRING AND  
ADVENTHEALTH LAKE PLACID

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

UNIVERSITY COMMUNITY HOSPITAL, INC.  
d/b/a ADVENTHEALTH CONNERTON

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

ADVENTIST HEALTH SYSTEM/SUNBELT,  
INC. d/b/a ADVENTHEALTH WAUCHULA

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

PASCO-PINELLAS HILLSBOROUGH  
COMMUNITY HEALTH SYSTEM, INC. d/b/a  
ADVENTHEALTH WESLEY CHAPEL

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

FLORIDA HOSPITAL DADE CITY, INC. d/b/a  
ADVENTHEALTH DADE CITY

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

FLORIDA HOSPITAL OCALA, INC. d/b/a  
ADVENTHEALTH OCALA

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

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

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

ADVENTHEALTH POLK NORTH, INC. d/b/a  
ADVENTHEALTH HEART OF FLORIDA

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

TARPON SPRINGS HOSPITAL  
FOUNDATION, INC. d/b/a ADVENTHEALTH  
NORTH PINELLAS

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Its: \_\_\_\_\_

**EXHIBIT B**  
**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 ten (10) 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 a 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 C**  
**Hospital Addresses\*\***

**University Community Hospital, Inc.**

d/b/a AdventHealth Tampa  
3100 E. Fletcher Avenue  
Tampa, FL 33613

**University Community Hospital, Inc.**

d/b/a AdventHealth Carrollwood  
7171 N. Dale Mabry Hwy.  
Tampa, FL 33614

**University Community Hospital, Inc.**

d/b/a AdventHealth Connerton  
9441 Health Center Drive  
Land O'Lakes, FL 34637

**Tarpon Springs Hospital Foundation, Inc**

d/b/a AdventHealth North Pinellas  
1395 S Pinellas Avenue  
Tarpon Springs, FL 34689

**Pasco-Pinellas Hillsborough Community Health System, Inc**

d/b/a AdventHealth Wesley Chapel  
2600 Bruce B. Downs Boulevard  
Wesley Chapel, FL 33544

**Florida Hospital Zephyrhills, Inc.**

d/b/a AdventHealth Zephyrhills  
7050 Gall Boulevard  
Zephyrhills, FL 33541

**Adventist Health System/Sunbelt, Inc.**

d/b/a AdventHealth Sebring  
4200 Sun 'n Lake Boulevard  
Sebring, FL 33872

**Adventist Health System/Sunbelt, Inc.**

d/b/a AdventHealth Lake Placid  
1210 US-27  
Lake Placid, FL 33852

**Adventist Health System/Sunbelt, Inc.**

d/b/a AdventHealth Wauchula  
735 S 5<sup>th</sup> Avenue  
Wauchula, FL 33873

**Florida Hospital Dade City, Inc.**

d/b/a AdventHealth Dade City  
13100 Fort King Road  
Dade City, FL 33525

**Florida Hospital Ocala, Inc.**

d/b/a AdventHealth Ocala  
1500 SW 1<sup>st</sup> Avenue  
Ocala, FL 34471

**AdventHealth Polk North, Inc.**

d/b/a AdventHealth Heart of Florida  
40100 US Hwy 27  
Davenport, FL 33837

**AdventHealth Polk South, Inc.**

d/b/a AdventHealth Lake Wales  
410 S 11<sup>th</sup> Street  
Lake Wales, FL 33853

\*\* Any notice required to be sent to a Hospital should be sent to the applicable address "Attention CEO."