

AN AGREEMENT BETWEEN
THE UNIVERSITY OF SOUTH ALABAMA COLLEGE OF NURSING
AND

(Name of Agency)
City _____ State _____

The purpose of this agreement is to provide a working relationship between the University of South Alabama College of Nursing and _____ in providing learning opportunities
(Agency)

for _____ who is enrolled in _____
(Student) (Course No. and Name)

This agreement between the University of South Alabama and _____
(Agency)

will be effective from _____ through _____
(Beginning Date) (Ending Date)

Both parties agree:

Professional liability insurance coverage will be maintained by each party to this agreement in amounts deemed adequate by both parties with costs of the coverage borne by the University of South Alabama for the students and by the agency for themselves. As evidence of such coverage, each will furnish to the other a certificate of such insurance prior to commencement of this agreement and annually thereafter. Such certificate shall provide that the aforementioned coverage cannot be materially altered or canceled without at least thirty (30) days written notice received by the other party. Failure of either party to obtain and maintain such coverage shall be grounds for immediate termination of this agreement.

University of South Alabama College of Nursing agrees:

1. That faculty from the University of South Alabama College of Nursing will provide indirect supervision for nursing students engaged in a mutually agreeable practicum experience with a preceptor at the agency.
2. That faculty of the College of Nursing will initiate and/or participate in conferences as mutually agreed upon with a designee of the agency for the purpose of discussing objectives of the learning experiences and student performance in caring for patients.
3. That the nursing faculty and students will work in accordance with the agency procedures and policies in making plans for the practicum experience.
4. That during the term of this Agreement the College of Nursing shall endeavor to maintain approval and accreditation standards accepted and required by the state Board of Nursing and national and regional accrediting bodies.
5. That to the best of the College of Nursing's knowledge all nursing students have met health and immunization requirements as outlined in the University of South Alabama College of Nursing Health Policy prior to clinical experiences.

The Agency agrees:

1. To make available to the nursing faculty and the student of the University of South Alabama College of Nursing a mutually agreeable preceptor and the clinical facilities of the agency.
2. To inform the faculty of changes in policies and procedures as they pertain to and affect the students and faculty of the University of South Alabama College of Nursing participating in preceptorships at the agency.
3. That the agency is responsible for all care and supervision of the services rendered to its patients.
4. To provide emergency medical care to University of South Alabama College of Nursing students and faculty in

the event of an accident or illness that occurs while the student or faculty are at the agency. The cost of such care shall be borne by the individual receiving the care, except to the extent the agency is deemed negligent or willful.
5. That during the term of this Agreement the agency shall endeavor to maintain J.C.A.H.O. or other accreditation/approval appropriate to the facility.

The University of South Alabama College of Nursing students shall:

1. Abide by existing policies, rules, and regulations of the agency and the University of South Alabama College of Nursing.
2. Assume responsibility for personal illness occurring during clinical hours.
3. Wear college name tags at all times during their clinical rotation at the agency and wear uniforms or other attire acceptable to the University of South Alabama College of Nursing and the agency during clinical hours.
4. Respect the confidential nature of all information, which may come to them with regard to patients and patient records.

Signatures:

Signature Date

Print Name

Faculty Facilitator Date

Print Name

Preceptor Date

Print Name

Appropriate Agency Official Date

Print Name

Address: _____

Telephone: _____

Email: _____

Address USA College of Nursing

USA Springhill

Mobile AL 36688-0002

Telephone: _____

Email: _____

Address: _____

Telephone: _____

Email: _____

Address: _____

Telephone: _____

Email: _____

Return to:

Dean, College of Nursing
UNIVERSITY OF SOUTH ALABAMA
USA Springhill
Mobile, Alabama 36688-0002