



**ALLEN  
COLLEGE**  
IOWA HEALTH SYSTEM

**Mailing Address:**  
1825 Logan Avenue  
Waterloo, Iowa 50703-1999  
319-226-2018  
Fax 319-226-2070

January 23, 2013

Linda Tiemessen  
New Hampton Community Schools  
710 W Main  
New Hampton, IA 50659

Dear Linda Tiemessen:

Enclosed, please find two copies of the contract for the clinical experience of our students at your agency. We have also enclosed proof of insurance.

Please review the contract, and if it meets with your approval, please:

- 1) **Sign both copies of the agency contract**, and
- 2) **Return one signed copy of the document** to us in the enclosed return envelope *immediately*. The other copy is for your records.

Students and/or program administrators will be in contact with appropriate persons in your organization regarding days, hours and objectives of student clinical experiences planned for fall, spring or summer terms.

Your facility will play a significant role in providing excellent clinical experience for our students. We look forward to working with you and thank you for your valued participation.

We appreciate your prompt attention in this matter as students may not begin their preceptorship until all signed documents are received. If you have any questions or concerns, please contact our office at 319-226/2018.

Sincerely,

*Nancy Kramer*

Nancy Kramer, EdD, CPNP, ARNP, CNE, & Professor  
Vice Chancellor of Academic Affairs, Allen College

NK/df  
Enclosures

## MEMORANDUM OF AGREEMENT

AGREEMENT BETWEEN:

**Allen College**  
And  
**New Hampton Community Schools**

This is an Agreement made between **Allen College** (hereinafter called the **COLLEGE**) and **New Hampton Community Schools** (hereinafter called the **COOPERATING AGENCY**).

### I. PURPOSE OF AGREEMENT

This is a mutual Agreement between the **COLLEGE** offering nursing and allied health programs and the **COOPERATING AGENCY** providing clinical areas for selected student learning. The basic purpose of this Agreement is to establish cooperative relationships and to outline the responsibilities of the two cooperating parties as they contribute to the learning of students.

### II. AGREEMENT

A. The **COLLEGE** agrees:

1. To provide classroom instruction and to assume responsibility for the clinical instruction throughout the entire program.
2. To arrange clinical instruction schedules after consultation with the **COOPERATING AGENCY**.
3. To submit the clinical instruction schedule to the **COOPERATING AGENCY** prior to its effective date with the following information included:
  - a. The clinical areas desired for use in the clinical instruction of students.
  - b. The hours when students will be in the areas.
  - c. The numbers of students to be in each area.
  - d. The identity of the faculty member responsible for the clinical instruction for students in each area.
  - e. Necessary changes to the submitted schedule shall be made by mutual agreement of the **COLLEGE** and the **COOPERATING AGENCY** as soon as possible prior to the time the altered schedule is to become effective.
4. To provide for continuous planning with the **COOPERATING AGENCY**, indicating the learning experiences desired for students.
5. That the **COOPERATING AGENCY** may request the **COLLEGE** withdraw from the clinical area any student whose clinical practice, conduct, or health may have a detrimental effect on its patients or personnel; and/or reserve the right to not accept any student who has previously been discharged by said **COOPERATING AGENCY** for reasons which would make acceptance as a clinical practice student inexpedient.
6. The clinical instructor is selected by the **COLLEGE** and shall orient the students appropriately to provide safety and welfare of both patients and students.
7. All students have signed a confidentiality statement regarding patient information. Faculty and students have received the educational component related to Health Information Portability and Accountability Act (HIPPA) required of health care providers and are held accountable by the college. The Protected Health Information (PHI) about a patient or client is the property of the **COOPERATING AGENCY**.
8. The **COLLEGE** conducts criminal background checks on all students at the time of admission and complies with Allen College Standard Operation Procedure 2-C-800-02.
9. Students shall be covered by the "Student Liability Insurance Plan" evidenced by Aon Risk Services, Inc. of Illinois, 200 East Randolph Street, Chicago, IL 60601. Limit of liability is \$1,000,000 for each claim and \$3,000,000 annual aggregate.
10. Each faculty member shall meet licensure, registry and/or certification requirements.

11. Faculty and students shall receive orientation to the agency and unit. Faculty and students will uphold institutional and regulatory requirements of the **COOPERATING AGENCY** and the **COLLEGE** including observing the dress code.
12. Each student and faculty member shall have had a complete blood count, urinalysis, mantoux, and will have been tested for Rubella titer. Each student will receive Rubella vaccine, if necessary. In addition, each student shall receive Hepatitis B vaccine unless they have signed a form of refusal.
13. Faculty and students shall follow the **COOPERATING AGENCY'S** policies regarding OSHA's Bloodborne pathogen and other infection control/isolation policies.

Exposures will be reported through the **COOPERATING AGENCY'S** expose report program, evaluation of the source's infection status will be the responsibility of the **COOPERATING AGENCY**. After the initial exposure evaluation, the student will be responsible for follow-up examinations and/or treatments. A copy of the exposure report form shall be sent to the **COLLEGE**.

The student shall be responsible for evaluation and follow-up examination/treatment for other injuries incurred while having the clinical experience as outlined in the student handbook under clinical policies and procedures.

Incidents shall be reported through the **COOPERATING AGENCY'S** risk management program. When an incident results in serious outcome to the patient, the **COOPERATING AGENCY'S** Risk Manager shall be notified by the faculty member. Allen's Health System (the **COLLEGE**) Risk Manager shall be advised of any legal activity related to the incident by the **COOPERATING AGENCY'S** risk manager.

14. Both faculty and students have received the educational component related to OSHA'S STANDARD 29 CFR Part 1919.1030, "Occupational Exposure to Bloodborne Pathogens", and are certified in Basic Life Support for Health Care Providers.
15. Students shall be allowed to perform only those tasks commensurate with their level of education (as identified in the clinical objectives and course outlines)
16. That the **COLLEGE** shall hold harmless and indemnify the **COOPERATING AGENCY** from any and all claims, judgments or expenses arising from acts or omissions of their students. Said expenses shall include but not be limited to attorney fees, court costs and investigation expenses.

B. The **COOPERATING AGENCY** agrees:

1. To make clinical areas available for student learning.
2. That the schedule for students assigned in the clinical areas shall be determined by the **COLLEGE'S** faculty in consultation with the supervisor and/or administrator of the **COOPERATING AGENCY**.
3. That the faculty member(s) of the **COLLEGE** program shall be responsible for determining desired learning experiences and for evaluation of students.
4. To accept the enrolled students without discrimination as to race, color, creed, sex, marital status, age, national origin or qualified handicap.
5. To contribute toward promoting a positive atmosphere and one that is conducive to learning.
6. To observe the following student personnel policies:
  - a. Students shall be required to wear the adopted **COLLEGE** student uniform or dress appropriate to the assigned agency as determined by faculty and **COOPERATING AGENCY** personnel.
  - b. Students shall be responsible for providing and maintaining their own uniforms, including laundering.
  - c. Men and women students shall be permitted to use the rest rooms and dressing rooms.
  - d. Students may be permitted to eat in the dining facilities (if available) and purchase food at the regular rates. The **COOPERATING AGENCY** is not expected to provide meals for students.
  - e. The **COLLEGE** policy requires that the department or service of the **COOPERATING AGENCY** will be notified of student absences as early as possible prior to the scheduled clinical experience period.

- f. Absences other than for illness shall be granted only by the supervising faculty member(s) of the **COLLEGE'S** program.
- g. The student shall be responsible for providing his/her own transportation.


C. The **COLLEGE** and the **COOPERATING AGENCY** agree:

- 1. That the **COOPERATING AGENCY** retains responsibility for all patient/client care and their PHI.
- 2. To review this Agreement every three years or as needed.
- 3. That if either party wishes to withdraw from this Agreement, the party shall give at least 60 days' notice prior to action. The students enrolled in several clinical services shall be given an opportunity to complete the full program in those services.

This agreement shall remain effective indefinitely or at such time as it becomes necessary for either party to revise or terminate. This agreement becomes effective on 1/14/2013.

Approved for the **COLLEGE**

Approved for the **COOPERATING AGENCY**

  
 \_\_\_\_\_  
 Nancy Kramer  
 EdD, CPNP, ARNP, CNE & Professor  
 Vice Chancellor of Academic Affairs, Allen College

\_\_\_\_\_  
 Administrator

1/23/2013  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

*Please provide the information requested below where applicable.*

Director of Nursing \_\_\_\_\_

Accreditation/approval JCAHO (date) \_\_\_\_\_

IA Dept of Inspection & Appeals (date) \_\_\_\_\_

Other (date) \_\_\_\_\_

**Please sign and return:  
 Allen College  
 Attention: MSN Secretary  
 1825 Logan Ave.  
 Waterloo, IA 50703  
 Phone: 319-226-2018  
 Fax: 319-226-2070**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/11/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Healthcare.accountsCSS@marsh.com Fax 212 948-1307		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
020968-Iowa2-GU-12-13		Allen	
<b>INSURED</b> Iowa Health System Allen Memorial Hospital 1825 Logan Avenue Waterloo, IA 50703		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Iowa Health System Self Insured Program INSURER B: Lexington Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19437	

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-003693386-05      **REVISION NUMBER:** 23

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR Y/Y	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC			Self-Insured GL	06/01/2012	06/01/2013	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COM/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			6797273	06/01/2012	06/01/2013	EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Students of Allen College are insured as respects to work performed by or on behalf of Allen College.

<b>CERTIFICATE HOLDER</b> Iowa Health System Allen Memorial Hospital 1825 Logan Avenue Waterloo, IA 50703	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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