



Clinical Affiliate Agreement – Computed Tomography

Between

The Administration of South Piedmont Community College and _____.

The Agreement made and concluded this _____ day of _____, 20____, by South Piedmont Community College Administrative Authority and the Service Agency, hereafter known as the Clinical Affiliate.

This is a mutual agreement between the Administration of South Piedmont Community College and _____ that the Clinical affiliate will accept program faculty and students for clinical practice and learning experiences in order to meet course and program requirements.

The purpose of this agreement is to provide unpaid clinical experiences to Computed Tomography students as outlined by the AART (American Association of Radiologic Technologists) and the course requirement in the North Carolina Community College approved curriculum.

EXPECTATIONS

Clinical Affiliate:

1. Accept and provide students the opportunity for practice and experience as required by the ARRT (American Association of Radiologic Technologists) and the North Carolina Community College approved curriculum.
2. Provide program facility with feedback of student progress by completing required clinical documentation.
3. Provide appropriately credentialed staff for each student in compliance with program accreditation.
4. Provide an environment conducive to learning.

SPCC – Computed Tomography:

1. Provide the clinical affiliate with the maximum number of students and the days per week for each rotation
2. Provide the clinical affiliate with the hours that are required to meet the minimum requirements of 22 hours per week to meet state and accreditation standards.
3. Collaborate with the clinical affiliate to schedule students for clinical orientation as required by the clinical affiliate
4. Ensure that each student completes the necessary background checks and drug screens before starting the clinical rotation
5. Provide the clinical affiliate with a rotation schedule and course objectives.
6. Provide the clinical affiliate with the required assessment documents for each rotation.
7. Ensure that the student purchases liability Insurance for the clinical rotation experience.

It is understood and agreed that the clinical affiliate shall maintain the ultimate authority and responsibility toward the treatment of all patients and the clinical procedures involving students, and that the training program conceived by this agreement is subject to this authority.

This agreement will be reviewed annually and shall remain in full effect unless the agreement is terminated. Either party may terminate this agreement by submitting a 60 day notice of termination.

President, South Piedmont Community College

Date

Course Instructor, South Piedmont Community College

Date

Service Agency (Clinical Affiliate) Representative

Date

Clinical Affiliate Address (Street)

(City)

(State)

(Zip)

Clinical Affiliate Telephone Number

Effective June 2013