

## **AGREEMENT CONCERNING FACULTY SUPERVISION OF EDUCATIONAL TRAINING PROGRAM**

In consideration for participating as a supervisor of students participating in an educational training program at Emory Facilities listed in Section A.2. of the Affiliation Agreement For Clinical Training Of Nursing Students at Emory Healthcare (hereinafter referred as "Emory"), I hereby agree to the following:

1. To follow the administrative policies, standards and practices of Emory including, but not limited to the following:
  - a. Students may administer medications when under the direct supervision of Institution's faculty. Direct supervision is defined as retrieving medications from the medication room through administration of medications at the bedside. This means that 100% of the medication administration process is observed by the Institution's faculty for every medication administered by a student. If for any reason the Institution's faculty is unavailable to supervise the process from the medication room to the patient's bedside, and the medication cannot wait until the Institution's faculty is available, the patient's nurse will administer the medication.
  - b. Two licensed RNs will perform the "double-check" for any medications or procedures requiring a "double-check" pursuant to Emory policies and procedures.
2. To report to Emory on time and to follow all established rules and regulations of Emory.
3. To comply with federal and state laws, including but limited to the Health Insurance Portability and Accountability Act of 1996 and its accompanying federal regulations, and the rules and regulations of Emory regarding the confidentiality of all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.
4. To not publish any material related to my participation as a supervisor in an educational training program that identifies or uses the name of Emory or its members, clients, patients, or staff, directly or indirectly, unless I have received written permission from Emory.
5. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
6. To follow Center for Disease Control and Prevention (C.D.C.) Universal Precautions for Blood Borne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard.
7. To arrange for and be solely responsible for my living accommodations while at Emory.
8. To conform to the established standards and practices while training at Emory.
9. To wear a nametag that clearly identifies me as a student or faculty member.

I understand and agree that Emory shall not be responsible for any loss, injury or other damage to me or my property arising during my participation in the educational training program.

Further, I understand and agree that I will not receive any monetary compensation from Emory for any services I provide to Emory or its clients, patients, as a part of my supervisory responsibilities at Emory. I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of Emory; that Emory assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to Emory employees. Therefore, I agree not to in any way hold myself out as an employee of Emory.

I understand and agree that I may be removed from Emory based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of Emory, if I pose a direct threat to the health or safety of others or, for any other reason Emory reasonably believes that it is not in the best interest of Emory or Emory's patients or clients for me to continue.

I understand and agree to show proof of liability insurance in amounts satisfactory to Emory, and covering my activities at Emory, and to provide evidence of such insurance upon request of Emory.

I further understand that all medical or health care (emergency or otherwise) that I receive at Emory will be my sole responsibility and expense.

I further understand and agree that, subject to Emory's overall supervisory responsibility for patient care, it may permit appropriately licensed faculty members to provide such patient services at Emory as may be necessary for teaching purposes; that the nature and scope of activities of faculty members that may involve in any way patient care at Emory shall be subject to the sole discretion of Emory and to such conditions as Emory may deem necessary in its sole discretion including, but not limited to, prior proof of professional liability insurance, appropriate licensure or certification, and compliance with all Emory rules, regulations, and policies. I further understand and agree that if faculty participation at Emory other than as a Supervisor for the purpose of this educational training program is so authorized, it must not be a substitute for adequate staffing at Emory.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this "Agreement Concerning Faculty Supervision of Educational Training Program."

This the \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

Name: \_\_\_\_\_  
(Please print)

Name: \_\_\_\_\_  
(Please print)