

**Educational Training Program Agreement
for Georgia Hospital Association facilities**

Student Name: _____

In consideration for participating in an educational training Program at any Georgia Hospital Association member Facility or any other Facility where I may participate in such a program (hereinafter referred to as the "Facility"), I hereby agree to the following:

1. To follow the administrative policies, standards and practices of the Facility when in the Facility.
2. To report to the Facility on time and to follow all established regulations of the Facility.
3. To keep in confidence 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 educational training program that identifies or uses the name of the Institution, the Board of Regents of the University System of Georgia, the Georgia Hospital Association, the Facility or its members, clients, students, faculty or staff, directly or indirectly, unless I have received written permission from the institution, the Board of Regents of the University System of Georgia, the Georgia Hospital Association and the Facility.
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 Bloodborne 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 the Facility.
8. To provide the necessary and appropriate uniforms and supplies required where not provided by the Facility.
9. To wear a name tag that clearly identifies me as a student or faculty member.

Further, I understand and agree that I will not receive any monetary compensation from the Board of Regents of the University System of Georgia, the Institution or the Facility for any services I provide to the Facility or its clients, students, faculty or staff as a part of my educational training program.

I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the Institution, the Regents or the Facility; that the Institution, Regents and Facility 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 employees. Therefore, I agree not to in any way to hold myself out as an employee of the Institution, the Regents or the Facility.

I understand and agree that I may be immediately withdrawn from the Facility's educational training program based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the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

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

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

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 "Educational Training Program Agreement".

This the _____ day of _____, _____.

Signature

Witness Signature

Name: _____
(Please print)

Name: _____
(Please print)