

## **PATIENT CARE TECHNICIAN EXTERNSHIP AGREEMENT**

This agreement made and entered into the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ hereinafter referred to as "facility" and PCI Health Training Center, hereinafter referred to as "school". WHEREAS the school has students in its Patient Care Technician program who require 150 hours of externship and experience and WHEREAS the facility has the environment necessary for such learning experience and THEREFORE, in consideration of the agreement hereinafter contained, it is mutually agreed by and between the parties as follows:

1. Subject to the terms and conditions of this agreement, the school shall send to the facility students who have completed all classroom and laboratory training for their chosen field and have obtained a fundamental background in their chosen field of study, subject to only this externship in a medical facility.
2. The course of instruction shall cover 150 hours as arranged by the school and the facility. The externship entrance dates will be agreed upon by the school and the facility.
3. The facility will make available its site to be used for educational purposes under the guidance and supervision of the facilities supervisor.
4. The school shall assume the responsibility for all classroom and clinical instruction of the students.
5. The facility shall be responsible for the completion of a student evaluation at the termination of the externship.
6. The student while on the facility's premises shall be subject to all rules and regulations of the facility.
7. If at any time the conduct of any student should be such as to impair the student's usefulness or affect unfavorably the morale of others, such student shall be suspended from the externship with the facility pending a conference between the school and the facility's representative.
8. Students who become ill while at the facility shall be given emergency treatment if needed, within the capacity of the facility. If a life-threatening emergency occurs, the student will be assisted to the nearest health care emergency service at their own expense. The school shall assure the facility the students and instructors are free of communicable diseases.
9. The school shall inform its faculty and students that a strict code of confidentiality is to be maintained at all times. All information obtained from patient records is to be held in confidence. No copies of patient(s) records shall be made and no records or copies thereof are to be removed from the facility. Patients will not be identified in any manner in reports or case studies undertaken by the students.

Externship Agreement, continued:

10. Students will wear the regulation uniform required by the facility.
11. The school indemnifies and holds harmless the facility from any liability or damages the facility suffers as a result of claims, demands, costs, or judgments against it arising out of the school, its employees, students, or authorized agents.
12. To the extent authorized by the Constitution & laws of Texas, if applicable, the facility agrees to indemnify and save harmless the school from any damages the school may suffer as a result of claims, demands, costs, or judgments against it arising out of the facility's employees or authorized agents or caused by a dangerous condition of its real or personal property.
13. Each party reserves the right to request to have included in the program any additional factors, which it may deem necessary. Both parties agree to give reasonable consideration to such requests.
14. The facility and school will set forth the clinical experiences they deem necessary to fulfill the educational requirements of each student during their externship.
15. In keeping with Title VII of the Civil Rights Act of 1964, no person shall on the grounds of race, sex, religion, color, national origin or sexual orientation, be excluded from participation in, or be denied benefits of, or be subject to discrimination under any program or activities included herein.
16. IN WITNESS WHEREOF, the parties have set forth their corporate names to be hereto affixed to their respective authorized agents on the day and year first written on the previous page.

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Administrator/Director/DON Signature

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
PCI HEALTH TRAINING CENTER  
School Official

\_\_\_\_\_  
Date

PCI HEALTH TRAINING CENTER  
8101 CARPENTER FREEWAY  
DALLAS, TX 75247  
214-630-0568  
FX 214-630-1002  
www.pcihealth.net