# [INSTRUCTIONS FOR COMPLETING THIS FORM ARE IN RED AND BRACKETS. PLEASE COMPLETE EVERY FIELD AND DELETE ALL INSTRUCTIONS INCLUDING THE BRACKETS.]

# STATE OF MINNESOTA

# MINNESOTA STATE COLLEGES AND UNIVERSITIES

# MEMORANDUM OF AGREEMENT

# BETWEEN

***[INSERT NAME OF COLLEGE/UNIVERSITY]***

# AND

***[INSERT NAME OF THE FACILITY]***

This agreement is entered into between State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of *[INSERT NAME OF COLLEGE OR UNIVERSITY]* (“College/University”) and *[INSERT FULL NAME OF LEGAL ENTITY AND ITS FULL ADDRESS]*, (“Facility”). This Agreement, and any amendments and supplements thereto, shall be interpreted pursuant to the Laws of the State of Minnesota.

**WITNESSETH THAT:**

WHEREAS, the College/University has established a Medical Laboratory Technician and/or Phlebotomy Program, for qualified students preparing for and/or engaged in Medical Laboratory Technician and/or Phlebotomy careers; and

WHEREAS, the Board of Trustees of the Minnesota State Colleges and Universities is authorized by Minnesota Statutes, Chapter 136F to enter into Agreements regarding academic programs and has delegated this authority to the College/University; and

WHEREAS, the Facility has suitable clinical facilities in general Medical Laboratory Technician and/or Phlebotomy for the educational needs of the Medical Laboratory Technician and/or Phlebotomy Program(s) of the College/University; and

WHEREAS, it is in the general interest of the Facility to assist in educating persons to be qualified or better qualified Medical Laboratory Technician and/or Phlebotomy personnel; and

WHEREAS, the Facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is subject to the requirements of 45 CFR parts 160 and 164; and

WHEREAS, the College/University and the Facility are desirous of cooperating to furnish a clinical experience program for students of Medical Laboratory Technician and/or Phlebotomy enrolled in the College/University.

NOW, THEREFORE, It Is Mutually Agreed By And Between The Parties:

1. **COLLEGE/ UNIVERSITY RESPONSIBILITIES**
	1. The College/University, which is a member of the Higher Learning Commission, is responsible for offering one or more of the following programs: a Medical Laboratory Technician and/or Phlebotomy Program.
	2. The College/University will supervise its students during the clinical experience program at the Facility. The College/University will provide its Medical Laboratory Technician and/or Phlebotomy faculty to effectively implement the clinical experience program at the Facility. The College/University faculty so assigned will meet or exceed the minimum credentials as required by Minnesota law or per the college/university policy and standards if no statutory requirements exist.
	3. The College/University faculty will be responsible for planning, directing and evaluating the students’ learning experience. The College/University faculty will attend the Facility’s orientation for clinical experience instructors as deemed necessary by the College/University and the Facility.
	4. The College/University will provide the Facility, at its request, with objectives for the clinical experience program. Implementation of those objectives will be accomplished by the College/University in cooperation with the Facility’s designated representative.
	5. The College/University will provide the Facility with a list of the students who are participating in the clinical experience program, the units within the Facility where they are assigned, and the dates of each student’s participation in the program.
	6. The College/University will inform its faculty and students of the Facility’s policies and regulations which relate to the clinical experience program at the Facility.
	7. The College/University will inform its faculty and the students who are participating in the clinical experience program that they are encouraged to carry their own health insurance and are responsible for carrying their own professional liability insurance if professional liability insurance is not provided by the College/University.
	8. The College/University will maintain a record of students’ health examinations and current immunizations and shall obtain student permission to submit data regarding their health status to the Facility.
	9. The College/University agrees and represents that it will require all students and faculty to have completed a background study conducted in accordance with Minnesota Statues Chapter 245C, Human Services Background Studies, as a pre-condition to participation in the clinical experience. College/University will not assign a student or faculty member to the Facility if his/her background study documents ineligibility to have direct contact with Facility's patients or residents under applicable law or regulations. If requested, College/University shall provide the Facility with documentation regarding the completion or results of the background study pursuant to the written consent of the subject.
2. **FACILITY RESPONSIBILITIES**
	1. The Facility will have current accreditation by the Joint Commission on Accreditation of Health Care Organizations or any other appropriate and required accrediting body.
	2. The Facility is responsible for the safety and quality of care provided to its patients by the students who are participating in the clinical experience program at the Facility. In order to effectively fulfill that duty, it is agreed that Facility has ultimate control over all persons involved in the program and may immediately terminate the participation in the program of any of the students enrolled in the program where an emergency exists involving health and safety; and in all other (non-emergency) instances, Facility shall consult with the College/University before taking any action to terminate the participation of a student.
	3. The Facility will provide the College/University with a copy of its policies and regulations which relate to the clinical experience program.
	4. The Facility will permit the College/University faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually-approved plan.
	5. The Facility will allow a reasonable amount of Facility staff time for orientation and joint conferences with College/University faculty, for planning with College/University faculty, and for such other assistance as shall be mutually agreeable.
	6. When available, physical space such as offices, conference rooms, and classrooms of the Facility may be used by the College/University faculty and students who are participating in the clinical experience program.
	7. The College/University faculty and students participating in the clinical experience program will be permitted to use the Facility’s library in accordance with the Facility’s policies.
	8. The Facility will make locker or cloak room facilities available for the College/University faculty and students during assigned clinical experience program hours. These facilities may be shared by other faculty and students.
	9. The Facility assumes no responsibility for the cost of meals, uniforms, housing, parking or health care of College/University faculty and students who are participating in the clinical experience program. The Facility will permit College/University faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of the Facility. The Facility will permit College/University faculty to use Facility parking spaces under the same policies governing Facility personnel.
	10. The Facility recognizes that it is the policy of the College/University to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, veteran’s status, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations. The Facility agrees to adhere to this policy in implementing this Agreement.
	11. The Facility shall provide students with orientation in regards to facility safety requirements.
3. **MUTUAL RESPONSIBILITIES**
	1. The College/University and the Facility assume joint responsibility for the orientation of the College/University faculty to Facility policies and regulations before the College/University assigns its faculty to the Facility.
	2. Personnel of the College/University and the Facility will communicate regarding planning, development, implementation, and evaluation of the clinical experience program. The communication may include but not be limited to:
		1. Communication to familiarize Facility personnel with the clinical experience program’s philosophy, goals and curriculum;
		2. Communication to familiarize the College/University faculty with the Facility’s philosophy, policy and program expectations;
		3. Communication to keep both parties and the parties’ personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs which are contemplated;
		4. Communication about jointly planning and sponsoring in-service or continuing education programs (if appropriate);
		5. Communication to identify areas of mutual need or concern;
		6. Communication to seek solutions to any problems which may arise in the clinical experience program; and
		7. Communication to facilitate evaluation procedures which may be required for approval or accreditation purposes or which might improve patient care or the College/University’s Medical Laboratory Technician and/or Phlebotomy curriculum.
	3. HIPAA. Solely for the purpose of defining the students' and faculty roles in relation to the use and disclosure of the Facility's protected health information, College/University students and faculty engaged in activities pursuant to this Agreement are members of the Facility's workforce, as that term is defined by 45 CFR 160.103. College/University students and faculty are not and shall not be construed to be employees of the Facility.

The College/University shall cooperate with Facility in complying with its obligations as a HIPAA covered entity, including, but not limited to, making its students and faculty available for Facility's training in its policies and procedures under the HIPAA Privacy Regulations, 45 CFR parts 160 and 164. Prior to placement at the Facility, College/University shall instruct its students and faculty to comply with the Facility's policies and procedures governing the use and disclosure of individually identifiable health information.

* 1. **INSURANCE**. Each party, at its sole expense and at all times during the term of this Agreement, shall secure and maintain the following insurances (or comparable coverage under a program of self-insurance) covering itself and its employees who perform any work, duties or obligations in connection with this Agreement.
		1. **Commercial General Liability Insurance**

The College/University will maintain Commercial General Liability insurance in conformance with the Tort Claims limits set forth in Minn. Stat. 3.736, subd. 4, with limits not less than $500,000 per person and $1,500,000 per occurrence for bodily injury and property damage.

The Facility will maintain Commercial General Liability insurance with limits not less than $2,000,000 per occurrence and $2,000,000 annual aggregate for bodily injury and property damage.

* + 1. **Professional Liability Insurance**

The College/University will maintain Professional Liability insurance for participating students (and faculty, if applicable) or cause any student participating in the program to maintain Professional Liability insurance, with limits not less than $2,000,000 each claim and $3,000,000 aggregate.

The Facility will maintain Professional Liability insurance covering itself and its employees, agents or assigns with limits not less than $2,000,000 each claim and $3,000,000 aggregate.

If insurance covered by claims-made policies is discontinued, then extended reporting period coverage must be obtained and evidence of such coverage shall be provided to the other party.

* + 1. **Additional Conditions:**

An Umbrella or Excess Liability insurance policy may be used to supplement the Facility’s policy limits to satisfy the full policy limits required by the Agreement.

Each party shall provide to the other party upon request certificates of insurance or self-insurance evidencing the required coverage.

If Facility receives a cancellation notice from an insurance carrier affording coverage herein, Facility agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless Facility’s policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days’ advance written notice to the University.

Each party, at its sole expense, shall provide and maintain Workers’ Compensation insurance as such party may be required to obtain by law. The College/University is self-insured for Workers’ Compensation purposes, and any such insurance extends only to employees of the College/University, not to students.

1. **REQUIREMENTS OF STUDENTS**
	1. Each student will be required, as a condition for participation in the clinical experience program, to submit the results of a health examination to the College/University and, if requested, to the Facility, to verify that no health problems exist which would jeopardize student or patient welfare. The health examination shall include an update of required immunizations. The health examination shall include a Mantoux test or chest x-ray and verification of immunity for rubeola and rubella. A list of those students with positive Mantoux or negative rubeola/rubella results may, at the request of the Facility, be provided to the Facility.
	2. Students participating in the clinical experience program are encouraged to carry their own health insurance.
	3. Students participating in the clinical experience program are responsible for carrying their own professional liability insurance if professional liability insurance is not provided by the College/University.
2. **EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE**
	1. Any emergency medical care available at the Facility will be available to College/University faculty and students. College/University faculty and students will be responsible for payment of charges attributable to their individual emergency medical care at either the Facility or the College/University.
	2. Any College/University faculty member or student who is injured or becomes ill while at the Facility shall immediately report the injury or illness to the Facility and receive treatment (if available) at the Facility as a private patient or obtain other appropriate treatment as they choose. Any hospital or medical costs arising from such injury or illness shall be the sole responsibility of the College/University faculty member or student who receives the treatment and not the responsibility of the Facility or the College/University.
	3. The Facility shall follow, for College/University faculty and students exposed to an infectious disease at the Facility during the clinical experience program, the same policies and procedures which the Facility follows for its employees.
	4. College/University faculty and students contracting an infectious disease during the period of time they are assigned to or participating in the clinical experience program must report the fact to their College/University and to the Facility. Before returning to the Facility, such a College/University faculty member or student must submit proof of recovery to the College/University or Facility, if requested.
3. **LIABILITY**

Each party agrees that it will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party and the results thereof. The College/University’s liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes, Section 3.732 et seq., and other applicable law.

1. **TERM OF AGREEMENT**

This Agreement is effective on the later of *[INSERT FULL DATE (e.g., January 29, 2013)]*, or when fully executed, and shall remain in effect until *[INSERT FULL DATE (e.g., June 15, 2014)]*. This Agreement may be terminated by either party at any time upon one year written notice to the other party. Termination by the Facility shall not become effective with respect to students then participating in the clinical experience program. This Agreement may be renewed by amendment pursuant to Section 9. Amendments, or by execution of a new Agreement.

1. **FINANCIAL CONSIDERATION**
	1. The College/University and the Facility shall each bear their own costs associated with this Agreement and no payment is required by either the College/University or the Facility to the other party, except that, where applicable, the Facility shall pay the tuition and other educational fees of students it places in the clinical experience program.
	2. The Facility is not required to reimburse the College/University faculty or students for any services rendered to the Facility or its patients pursuant to this Agreement.
2. **AMENDMENTS**

Any amendment to this Agreement shall be in writing and signed by authorized officers of each party.

1. **ASSIGNMENT**

Neither the College/University nor the Facility shall assign or transfer any rights or obligations under this Agreement without the prior written consent of the other party.

1. **STATE AUDIT**

The books, records, documents, and accounting procedures and practices of the Facility relevant to this Agreement shall be subject to examination by the College/University and the Legislative Auditor.

1. **VOTER REGISTRATION (When Applicable)**

The Facility shall provide nonpartisan voter registration services and assistance, using forms provided by the College/University, to employees of the Facility and the public as required by Minnesota Statutes, Chapter 201.162.

1. **AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE**

The Facility agrees that in fulfilling the duties of this Agreement, the Facility is responsible for complying with the Americans with Disabilities Act, 42 U.S.C. Chapter 12101, et seq., and any regulations promulgated to the Act. The College/University IS NOT responsible for issues or challenges related to compliance with the ADA beyond its own routine use of facilities, services, or other areas covered by the ADA.

1. **GOVERNMENT DATA PRACTICES ACT**

The requirements of Minnesota Statutes § 13.05, subd. 11 apply to this contract. The Facility and College/University must comply with the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, as it applies to all data provided by the College/University in accordance with this contract, and as it applies to all data, created, collected, received, stored, used, maintained, or disseminated by the Facility in accordance with this contract. The civil remedies of Minnesota Statutes §13.08 apply to the release of the data referred to in this clause by either the Facility or the College/University.

In the event the Facility receives a request to release the data referred to in this clause, the Facility must immediately notify the College/University. The College/University will give the Facility instructions concerning the release of the data to the requesting party before the data is released.

The parties additionally acknowledge that the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and 34 C.F.R. 99, apply to the use and disclosure of education records that are created or maintained under this agreement.

1. **OTHER PROVISIONS** *[attach additional page(s) if necessary, otherwise insert NONE]*

The rest of this page intentionally left blank. Signature page to follow.

*[WHEN FINALIZING DOCUMENT, FORMAT DOCUMENT SO THE ENTIRE SIGNATURE PAGE REMAINS ON THE LAST PAGE]*

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed intending to be bound thereby.

**APPROVED:**

**1. FACILITY**

|  |
| --- |
| By (authorized signature) |
| Title |
| Date |

|  |
| --- |
| By (authorized signature) |
| Title |
| Date |

**2. *[Insert name of College/University]***

|  |
| --- |
| By (Program authorized Designee) |
| Date |

|  |
| --- |
| By (College/University President or Other Authorized Designee) |
| Title |
| Date |

**3. AS TO FORM AND EXECUTION:**

|  |
| --- |
| By (authorized college/university signature) |
| Title |
| Date |