CovenantHealth ✢

SUPERVISING PROFESSIONAL AGREEMENT FOR CLINICAL ROTATIONS

Supervising Professional and Student agree that Student's presence is solely for the purpose of Clinical Rotation, and that Student is not permitted to perform any functions/duties/procedures outside the scope of the applicable training program.

Supervising Professional will use best efforts to ensure that Student always acts in a manner that is consistent with applicable law, as well as the policies, procedures, mission, vision, and values of Covenant Health System. Supervising Professional will immediately report to their supervisor any Student acts or omissions inconsistent with these obligations.

Student agrees that he/she will always (i) respect the wishes of any patient who objects to his/her presence and (ii) abide by applicable law, as well as the policies, procedures, mission, vision, and values of Covenant Health System. Student represents and warrants that he or she is familiar with and will always comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). Student understands and acknowledges that Student may be removed from the Clinical Rotation at any time in the sole discretion of Covenant Health System, with or without cause.

1.) _____

Signature of Supervising Professional

_____

Printed Name

Inclusive Dates of Rotation _____

Specialty: ☐ Medicine ☐ Surgery
☐ Other: _____

Student will rotate with me at: ☐CMC ☐CCH ☐ CMG Clinic ☐CSH ☐ Cath Lab

☐Covenant Hobbs ☐Grace Clinic ☐Grace Hospital ☐ Covenant Plainview ☐Covenant Levelland

☐ Other - _____

2.) _____

Signature of Supervising Professional

_____

Printed Name

Inclusive Dates of Rotation _____

Specialty: ☐ Medicine ☐ Surgery
☐ Other: _____

Student will rotate with me at: ☐CMC ☐CCH ☐ CMG Clinic ☐CSH ☐ Cath Lab

☐Covenant Hobbs ☐Grace Clinic ☐Grace Hospital ☐ Covenant Plainview ☐Covenant Levelland

☐ Other - _____

_____

Student - Print Name

_____

Date

_____

Student Signature

University Advisor's Attestation of Immunizations and Background Check

I attest per the established contract between the University and Covenant Health, that

_____ has complied with Covenant Health requirements for

        Student's Name

Immunizations and Background Checks.

_____   _____

Print Name   **Date**

_____

School Advisor Signature