

## 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

\_\_\_\_\_  
Inclusive Dates of Rotation

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Inclusive Dates of Rotation

\_\_\_\_\_  
Printed Name

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