PURPOSE

I. The purpose of the PPS is to:
   1. Establish procedures for academic units to request an affiliation agreement with a facility.
   2. Establish the procedure to initiate and complete the process to obtain an affiliation agreement.
   3. Establish procedures for preparation and filing of addenda to an affiliation agreement.

II. For the purpose of this PPS the following definitions will be used:

   • “Clinical education experience” will refer to any clinical training, fellowship, internship, preceptorship, clinical experience or field experience.
   • “Facility” will refer to any clinic, hospital, health care provider or agency in which a clinical education experience will be completed and with which an affiliation agreement will be completed.
   • “Texas State” will refer to the University at which the student is enrolled to complete a course of study in a health profession.
   • “Clinical education coordinator” refers to the school/department/program faculty member assigned the management responsibility of the clinical education program for that school/department/program.
   • “Agreement” refers to an affiliation agreement which is completed to allow ongoing clinical education experiences to occur in a facility.
   • “Compensation” refers only to the wages and benefits associated with the employer-employee relationship and do not include those funds or benefits the facility may wish to provide a student to assist with completion of the educational experience (e.g. stipend, housing, uniforms).

REVIEW

I. This PPS will be reviewed by the Dean of the College of Health Professions every two (2) years or on an as needed basis. It will be the responsibility of each academic unit affected by this PPS to develop appropriate procedures for carrying out the requirements established by this PPS.
POLICY

I. It is the policy of the College of Health Professions that students will not be placed in any facility for clinical education experiences unless an affiliation agreement has been approved by both the Facility and Texas State prior to the beginning of the student’s assignment. It is a policy of the College of Health Professions that the decision to seek an affiliation agreement with any facility is at the discretion of each individual academic unit.

II. The following guidelines have been established for determining which method of documentation is more appropriate for a facility:

   An Affiliation Agreement will be required for any clinical education experience in which:
   1. The student is involved in direct patient care or laboratory activities as a portion of the assignment, including those which are completed through observation only.
   2. The student placements are for clinical education experiences, not involving direct patient care, and are expected to be of an on-going activity for the academic unit.

PROCEDURES FOR REQUESTING AGREEMENTS

I. Procedures for communicating with the facility to determine interest for participation in Texas State clinical education experiences will be established by each individual academic unit. Prior to preparing the request, the clinical education coordinator will review the College of Health Professions’ master list of clinical sites to determine the status of an existing affiliation agreement.

II. If no agreement is in place, the request process will be initiated:
   1. A request for an agreement will be initiated upon submission of a completed Affiliation Agreement Request Form (Attachment 1).
   2. The request form will be completed by the academic unit clinical education coordinator and submitted to the academic unit director/chair.
   3. If approved, the academic unit director/chair will forward the request to the College of Health Professions’ Dean. If denied, the academic unit director/chair will return the request to the clinical education coordinator with an appropriate explanation for the denial.
PROCEDURES FOR OBTAINING FACILITY APPROVAL OF AGREEMENT

I. Upon receipt, the request to establish an affiliation agreement will be reviewed by the Dean and, if approved by the Dean, will be forwarded to the Dean’s Administrative Assistant to prepare the appropriate forms for submission to the facility, Affiliation Agreement (Attachment 2). If denied by the Dean, the request will be returned to the academic unit director/chair with an appropriate explanation for that denial.

II. The Administrative Assistant will:
   1. Prepare, one copy if emailing or two copies if mailing, of the agreement and appropriate attachments for the facility.
   2. Mail two copies of the agreement, or if acceptable, e-mail a copy of the agreement to the contact person at the facility requesting approval of the agreement by that facility with a cover letter.
   3. Maintain a database for tracking of all requests and include the following information:
      • Academic unit requesting agreement
      • Date received
      • Date sent to facility
      • Date returned from facility
      • Date sent for Texas State approval
      • Date returned with Texas State approval
      • Date final copy sent to facility
   4. When the agreement is returned from the facility, one of the following will occur:
      • When a signed agreement is received from the facility the Administrative Assistant will prepare two (2) copies for the College of Health Professions’ Dean for approval and signature, then send one original copy of the agreement to the facility, with a cover letter, and retain one original copy in an appropriate file in the Dean’s Office. If the signed agreement was returned via email, the Administrative Assistant will prepare one copy for the College of Health Professions’ Dean for approval and signature, then email the agreement to the facility, with a cover letter, and retain the original copy in an appropriate file in the Dean’s Office.
      • If an agreement is returned from the facility with changes, additions or deletions requested by that facility, the request will be submitted to Texas State’s attorney for review. Upon completion of the attorney’s review the agreement will be amended and signed then returned to the facility for additional changes as appropriate.
LETTERS OF RENEWAL

I. Each facility will be sent a letter of renewal prior to the expiration of the existing agreement. The letter will be sent by the Dean’s Administrative Assistant to the Administrator of the facility. A cover letter will explain the method of renewal. Upon receipt of a signed renewal from the facility, the signed copy will be filed in the Dean’s office.

TRAINING SCHEDULES

I. Each academic unit will develop a procedure to assign students to clinical education experiences including, but not limited to procedures to:

1. request the clinical education experience from the facility;
2. assign the students to the facility;
3. confirm the assignment with the facility;
4. maintain records of the assignments;
5. provide orientation and training as required by each facility.

II. Each academic unit director/chair will insure the clinical education coordinator maintains a list of student assignments each semester during which clinical education experience assignments are made including:

1. student names
2. facility name to which each is assigned
3. dates of the assignment

Reviewer: ____________________________________________  __________________
Kelly Dunn, Administrative Assistant III  Date

Approved: ____________________________________________  ________________
Dr. Ruth B. Welborn, Dean  Date