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| **Affiliation Agreements** | **CHP/PPS No. 03.04.07**  **Effective Date: 02/01/88**  **Reviewed Date: June 2023**  **Next Review Date: June, E2YRS**  **Sr. Reviewer: CHP Associate Dean** |

**01. PURPOSE**

01.01 The purpose of this PPS is to:

a. Establish procedures for academic units to request an affiliation agreement with a facility.

b. Establish the procedure to initiate and complete the process to obtain an affiliation agreement.

c. Establish procedures for preparation and filing of addenda to an affiliation agreement.

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

a. “Clinical education experience” will refer to any clinical training, fellowship, internship, preceptorship, clinical experience or field experience.

b. “Facility” will refer to any clinic, hospital, health care provider or agency in which a clinical education/field experience will be completed and with which an affiliation agreement will be completed.

c. “Texas State” will refer to the University at which the student is enrolled to complete a course of study in a health profession.

d. “Clinical education placement coordinator/field placement coordinator” refers to the school/department/program faculty member assigned the management responsibility of the clinical education program for that school/department/program.

e. “Agreement” refers to an affiliation agreement that is completed to allow ongoing clinical education/field experiences to occur in a facility.

f. “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).

**02. REVIEW**

02.01 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.

**03. POLICY**

03.01 It is the policy of the College of Health Professions that it is prohibited for students to be placed in any facility for clinical education/field 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 the policy of the College of Health Professions that the decision to engage in an affiliation agreement with any facility is at the discretion of each individual academic unit.

03.02 An Affiliation Agreement will be required for any clinical education/field experience in which:

a. The student is involved in direct patient care or laboratory activities as a portion of the assignment, including those that are completed through observation only.

b. The student placements are for clinical education/field experiences, not involving direct patient care, and are expected to be of an on-going activity for the academic unit.

**04. PROCEDURES FOR REQUESTING AGREEMENTS**

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

04.02 If no agreement is in place, the request process will be initiated:

a. A request for an agreement will be initiated upon submission of a completed Affiliation Agreement Request Form (Attachment 1).

b. The request form will be completed by the academic unit clinical education placement coordinator/field placement coordinator and submitted to the academic unit director/chair.

c. 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 placement coordinator/field placement coordinator with an appropriate explanation for the denial.

**05. PROCEDURES FOR OBTAINING FACILITY APPROVAL OF AGREEMENT**

05.01 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 the denial.

05.02 The Administrative Assistant will:

a. Prepare, a copy of the agreement and appropriate attachments for the facility.

b. 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.

c. Maintain a database for tracking of all requests and include the following information:

1) Academic unit requesting agreement & academic degree level

2) Date received

3) Date sent to facility

4) Date returned from facility

5) Date sent for Texas State approval

6) Date returned with Texas State approval

7) Date final copy sent to facility

d. When the agreement is returned from the facility, one of the following will occur:

1) The Administrative Assistant will prepare a 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.

2) 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 or approval as appropriate.

**06. CLINICAL EDUCATION AND FIELD PLACEMENT SCHEDULES**

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

a. request the clinical education/field experience from the facility;

b. assign the students to the facility;

c. confirm the assignment with the facility;

d. maintain records of the assignments;

e. provide orientation and training as required by each facility.

06.02 Each academic unit director/chair will ensure the clinical education placement coordinator/field placement coordinator maintains a list of student assignments each semester during which clinical education/field experience assignments are made including:

a. student names;

b. facility name to which each is assigned;

c. dates of the assignment.

06.03 The College of Health Professions does not provide students compensation for participating in clinical education.  Certain outside entities offering clinical education programs may provide paid internships or practicums. Such arrangements will be made and handled solely by the outside entity and will not involve TXST or the College of Health Professions.

07. MAINTENANCE OF AFFILIATION AGREEMENTS

07.01 Administrative staff in the Dean’s office maintain all executed affiliation agreements in an electronic database accessible to all clinical education placement coordinators/field placement coordinators in the College of Health Professions, the Associate Dean of the College, and administrative staff as indicated.

07.02 School/department/program placement coordinators routinely review all executed affiliation agreements to identify agreements that require renewal or modification and collaborate with Dean’s Office administrative staff to update these agreements in a timely manner.

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| Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Megan Trad, Ph.D., Interim Associate Dean | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ruth B. Welborn, Ph.D., Dean | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |