PRECEPTORSHIP / CLERKSHIP AGREEMENT

THIS AGREEMENT, made this date, by and between (student) _____

and (university) _____

and **TidalHealth** in patient care areas including these special areas: **(check all that apply)**

☐ Surgical Services ☐ Emergency Services Dept. ☐ Pediatrics

☐ Mother / Baby ☐ Labor and Delivery ☐ NICU (Special Care Nursery)

☐ TidalHealth Primary & Specialty Care Office: Location _____

Referring Agency / Educational Institution: _____

Program Enrolled In: _____

Student Name: _____

Preceptor Name **and** Credentials: _____

Student Home Address: _____

_____

Student Telephone: _____

Student Email Address: _____

Is Provider Requesting Computer Access for Student? Yes ____ No ____

WHEREAS, the Referring Agency/Educational Institution has requested that TidalHealth permit the student to participate in a preceptorship / clerkship agreement at TidalHealth Peninsula Regional, TidalHealth Nanticoke or TidalHealth Primary & Specialty Care ; and

WHEREAS, the student desires to participate, and TidalHealth is agreeable to such proposal subject to the terms and conditions of this Agreement;

NOW, THEREFORE, THE PARTIES HERETO DO HEREBY AGREE AS FOLLOWS:

1. The student shall participate in a "preceptorship / clerkship program" as set forth above during the period of _____ to _____
2. During the term of this Agreement, the Referring Agency/Educational Institution shall:
   (a) If applicable, be solely responsible for compensation of the student.
   (b) The Referring Agency / Educational Institution shall require students are covered by a professional liability insurance policy while performing under the Healthcare Provider Agency Agreement between the Referring Agency / Educational Institution and TidalHealth Peninsula Regional with liability insurance having policy limits in the minimum of $1,000,000 per incident and $3,000,000 aggregate, protecting same against all liability arising out of the acts of omission of the student during the course of the program.
3. The student agrees to abide by all the rules and regulations of TidalHealth during the course of this Agreement including without limitation, protection of the privacy of TidalHealth's patients.

4. The contract between the Referring Agency / Educational Institution and TidalHealth, shall be incorporated in its entirety to this preceptorship agreement.

SIGNATURES: The precepting student is responsible for acquiring the signatures of the educational institution, the preceptor, and the supervising physician, when a preceptor is an Advanced Practice Provider, i.e. Physician Assistant, Nurse Practitioner, Certified Registered Nurse Anesthetist or Certified Nurse-Midwife and the Perioperative Educator (where applicable).

Student Signature Date	**Educational Institution Signature** Date
Preceptor (Print Name)	**Preceptor Signature** Date
Supervising Physician (Print Name) **Required when Preceptor is an Advanced Practice Provider, i.e. Physician Assistant, Nurse Practitioner, Nurse Anesthetist or Nurse Mid-wife**	**Supervising Physician Signature** Date **Required when Preceptor is an Advanced Practice Provider, i.e., Physician Assistant, Nurse Practitioner, Nurse Anesthetist or Nurse Mid-wife**
VP, Medical Affairs Date **TidalHealth Peninsula Regional** (**Coordinator will obtain)**	**Perioperative Educator,** Date **TidalHealth Peninsula Regional** (**If Applicable)**

TIDALHEALTH, INC.

AUTHORIZATION AND RELEASE STATEMENT APPLICATION FOR PRECEPTORSHIP

By my signature to this Authorization and Release Statement, I acknowledge the following where applicable:

I have received the written explanation of the process. I agree to be bound by the terms thereof.

I authorize TidalHealth to consult with members of professional and administrative staff of other facilities, healthcare and/or educational, with which I have been associated, with any law enforcement agencies, and with others who may have information regarding my competence, character and material to an evaluation of my clinical competence.

A PHOTOSTAT OR OTHER REPRODUCTION OF THIS STATEMENT SHALL BE CONSIDERED VALID

Student Signature Date

Rev. 10/13/2021