

Request to Resume Educational Rotation

As of the date last written below _____ (“School”) and the student signing and printing their name below (“Student”) formally request to initiate educational rotations (“Rotations”) at _____ (“Facility”).

WHEREAS, Facility and School are parties to an Affiliation Agreement dated effective as of _____, that establishes the parties’ obligations with respect to Rotations within the Facility; and

WHEREAS, the parties wish to begin or restart Rotations on the _____ day of _____, 2020 in light of the national emergency caused by COVID-19; and

WHEREAS, School and Student request to resume Rotations for the benefit of School and its Student;

IT IS ACKNOWLEDGED THAT:

As of the date of the signing of this document, the COVID-19 crisis continues;

- 1) Facility has followed and continues to follow COVID-19 related guidance from local, state and federal authorities;
- 2) Guidance from these authorities continues to evolve;
- 3) Notwithstanding Facility’s attention to said guidance, the course and scope of COVID-19’s impact on patients, employees, community members and communities remains uncertain;
- 4) School has made the determination that its students may resume their Rotations;
- 5) In resuming Rotations at Facility, School and Student agree to abide by all of Facility’s safety precautions and guidance associated with the Facility’s response to COVID-19;
- 6) As safety precautions and guidance may change, School and Student agree to abide by said changes as referenced in the document *Healthcare Student Re-entry into the Clinical Setting*; and
- 7) School and Student continue to acknowledge liability related to educational rotations as defined in the primary Affiliation Agreement between the agencies.

School Authorized Representative

Date

Student – Signature

Date

Student – Print Full Name