

**MEMORANDUM OF UNDERSTANDING
MASTER OF SCIENCE IN NURSING PROGRAM CLINICAL/PRACTICUM**

| | |
|---|--|
| Chamberlain College of Nursing (“College”) Vickie R. Mudra Director, Clinical Learning Resources 3005 Highland Parkway Downers Grove, IL 60515 Phone: 630.512.8861 | (“Facility”) Representative: Title: Address: E-mail: Phone: |
|---|--|

It is the intent of the above-named parties to work together to provide the College’s students in the Master of Science in Nursing Program (“Nursing Program”) with opportunities for a practicum experience in the Facility. The parties agree to the provisions identified in this Memorandum of Understanding.

Responsibilities of College:

- Ensure students have met all applicable College eligibility requirements of the Nursing Program prior to assignment.
- Retain ultimate responsibility for the educational and practicum experience of the Nursing Program, including grading.
- Establish competencies to be addressed during the practicum experience.
- Design the practicum experience as prescribed by the College curriculum.
- Suggest activities to enhance the practicum experience.
- Provide a faculty member to serve as liaison with the Facility.
- Notify students of their responsibility to abide by the Facility policies, procedures, rules, and regulations.
- Provide Facility with course syllabus, expected outcomes, evaluation tools, and the practicum experience requirements.
- Maintain professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Certificate of Insurance provided upon request.

Responsibilities of the Facility:

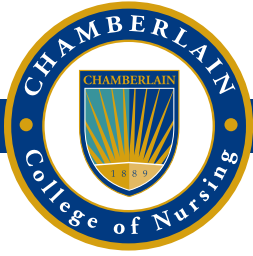
- Retain ultimate responsibility for patient care at all times. Students and faculty will not be used to provide services in place of Facility staff. Students and faculty are not employees and are not entitled to any compensation or benefits, including Workers' Compensation.
- Cooperate with College faculty to promote the success of the Nursing Program.
- Remove the student from further participation if he or she does not comply with facility expectations or if the Facility is concerned about safety or patient care.
- Provide equipment & supplies necessary for the practicum experience at the Facility.
- Share guidelines for developing competence in the practicum activities.
- Mentor students in professional development.
- Provide input on student performance, including contribution to any evaluation required by the Nursing Program.
- Maintain insurance coverage in reasonable amounts and with such coverage as may be standard for the industry and geographic area.

Mutual Understanding:

- A student’s practicum experience is distinctly separate and apart from the student’s work responsibilities and schedule if the student is employed at the Facility. During time designated for the practicum experience, the Facility will not require the student to engage in work-related activities.
- The practicum experience is not a clinical experience. The student is not to engage in direct patient care at the Facility at any time during the hours designated for the practicum experience.
- This Memorandum of Understanding is for a one (1) year term and will automatically renew. Either party may terminate this Memorandum of Understanding immediately for cause or upon thirty (30) days prior written notice without cause. Termination shall not prevent any student who is currently enrolled from completing the practicum experience.
- Both parties agree to comply with all applicable laws and regulations, including laws prohibiting discrimination.

 (“Facility”) Date

 (“College”) Date



FACILITY SPECIFIC REQUIREMENTS FORM

Please complete this form to indicate facility requirements for Chamberlain students and faculty who will utilize the facility for clinical/practicum. Return this completed form to clinicalcontracts@chamberlain.edu.

Facility: _____ **School:** Chamberlain College of Nursing

Date Completed: _____ **By:** _____ **Email:** _____ **Program:** Nursing

| Chamberlain College of Nursing requires the following from all students and faculty: | Facility requirements: | | |
|---|---------------------------|-------------------------------|-------|
| | Required by Clinical Site | Not Required by Clinical Site | Notes |
| 1. Criminal background check (prior to admission) (Seven year criminal history with national and statewide sex offender registry check; 2 AKA) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Drug Screen - 12 panel (prior to admission) Marijuana, cocaine, amphetamines, opiates, propoxyphene, oxycodone/oxymorphone, PCP, barbiturates, benzodiazepines, methaqualone, methadone, ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Fingerprint Clearance (as required by state law[s] or facility) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. State Employee Disqualification List | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Family Care Registry (state of Missouri requirement only) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Confidentiality agreement executed by participating student | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Physical Exam (prior to admission; within one year) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Immunization Requirements | | | |
| a) Two-step PPD (one time) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) PPD (annually) | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Hepatitis A (only if site requires) | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Hepatitis B (vaccine) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Titers Required | <input type="checkbox"/> | <input type="checkbox"/> | |
| e) MMR (vaccine) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Titers Required | <input type="checkbox"/> | <input type="checkbox"/> | |
| f) Polo (only if clinical site requires) | <input type="checkbox"/> | <input type="checkbox"/> | |
| g) Varicella (vaccine) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Titers Required | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. CPR certification - American Heart Association | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Student Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. HIPAA competency (annually) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. OSHA (Bloodborne Path) competency (annually) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Tetanus (within 10 years) | <input type="checkbox"/> | <input type="checkbox"/> | |
| a) TDAP Required | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Flu Vaccine | | | |
| a) Seasonal (required annually) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) H1N1 (per clinical site requirements) | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Meningococcal (not required unless by facility) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Other Requirement from facility | | | |
| a) Faith-based provision | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Professional Liability and General Insurance (COI) | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Evidence of relevant faculty certifications or licensures | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Other (please list in notes) | <input type="checkbox"/> | <input type="checkbox"/> | |