



AGREEMENT BETWEEN FACILITY AND NORTH-WEST COLLEGE GLENDALE

THIS AGREEMENT is made and entered into by and between **North-West College** (hereinafter referred to as the “the College”) and **EMPLOYER NAME** (hereinafter referred to as “the facility”).

WHEREAS, The “Facility” having opportunities for clinic/externship experience to enhance the student’s capabilities in areas that are suitable for the training needs of the “College” programs for Medical Allied Health programs. In addition, the “Facility” acknowledges a desire to contribute to the health related education for the benefit of students.

WHEREAS, The “College” provides accredited programs in the Medical Allied Health program which require clinical/externship experiences for students enrolled in these programs.

THE INSTITUTE ASKS THAT THE FACILITY:

1. Allow the student to perform usually ancillary procedures, as well as observe procedures during the externship period.
2. Sign the appropriate paperwork, time sheets, evaluations, etc.
3. The externship site is an extension of the “College” and as such, the student wears the school regulation uniform, which designates them as student and meets the Department of Labor’s requirement as well as for insurance purposes.
4. The “Facility” has the right to refuse access to any of its areas to students who do not meet its employee standards for safety, health, cooperation or ethical behavior pending investigation and resolution of the matter by the “Facility” and the “College.”

THE STUDENT IS REQUIRED TO DO THE FOLLOWING:

1. Wear the “College” regulation uniform.
2. Be willing to work and make arrangements to work according to regular scheduled hours. Make up any time missed during their externship period.
3. Have the time sheet signed on a daily basis.
4. Perform any duties or procedures asked by the “Facility” within the extern’s scope of learning realizing this is a privilege and a great opportunity.
5. Contact the “College” with any questions regarding their externship.
6. Report to their externship site as scheduled and shall act in a responsible, professional manner.
7. Comply with all laws pertaining to confidentiality.

FACILITY

COLLEGE

Facility Name: Modern Pain Solutions Street Number: 10700 Balboa Blvd. Ste: 102 City, State, Zip Code: Granada Hills, CA 91344 Telephone: 818-532-5284	NORTH-WEST COLLEGE Address: 14540 Haynes Street Van Nuys, CA 91411 TEL: (818)464-0286 FAX: (818)374-9125
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Signature: _____
 Print Name: Dr. Jungjae Lim
 Date: 02/28.2024

Signature: _____
 Print Name: _____
 Date: _____