

**Medical Assisting Department
Lake Area Technical College
1201 Arrow Avenue Northeast
Watertown, SD 57201**

Cooperative Agreement for Clinical Externship

agrees to have _____

to enter his/her establishment for the purpose of gaining knowledge and experience in the occupation of **Administrative and Clinical Medical Assistant**

from _____

This training will be in accordance with the clinical evaluation form and the following responsibilities of:

The Student:

1. The student, while in training, shall be deemed a trainee and shall progress from job to job in order to gain experience as defined in the clinical evaluation form. The clinical evaluation form shall be followed as closely as possible.
2. The student will familiarize and adhere to all rules and regulations of the training agency. In the event the student is unable to report as scheduled, the student must notify the agency supervisor immediately.
3. The student will demonstrate honesty, punctuality, courtesy, and a cooperative attitude, proper health and grooming habits, proper dress, and a willingness to learn.
4. The student will furnish the supervisor-instructor and training agency with all necessary information to complete all necessary reports at the end of his/her externship.
5. The student will conform to the rules and regulations of the training agency and the school district and will consult the supervisor-instructor about any difficulties arising at the training station.
6. The student will be informed of the required **240** hours of supervised, **unpaid**, and documented completion of externship hours required for graduation.
7. Respect the confidentiality of the workplace, its clients, and its employees.
8. Review the responsibilities of the work site with the supervisor and never take on responsibilities out of the Medical Assistant Scope of Practice.
9. Complete assigned tasks in a timely and efficient manner.
10. Remain positive and enthusiastic about your externship; show initiative and interest and be willing to be of assistance wherever the facility may need additional assistance.
11. Give permission for LATC to disclose information regarding academic progress and attendance during the academic school years at LATC.
12. The student will carry his/her own Professional Liability Insurance.

The Training Agency

1. The training period will be mutually agreed upon by the training agency and Lake Area Technical College Medical Assisting department.
2. Cooperating agencies provide equal opportunity in its employment regulations and education programs and does not discriminate on the basis of sex, race, color, national origin, creed, religion, marital or veteran status, status in regards to public assistance, age or disability.
3. Encourage and support the learning aspect of the externship by rotation of laboratory, administrative, and clinical departments in achievement of the objectives listed on the clinical evaluation form, and will consult the practicum coordinator of any difficulties arising at the externship site.
4. Provide adequate supervision for the student and to assign duties that are academically related and allows the student to progress and be challenged.

5. Make available the necessary equipment, supplies, and space necessary for the student to perform his/her duties and orientation to all equipment and clinical/laboratory policies and regulations.
6. Provide a safe working environment.
7. Notify Medical Assistant Program Director of any changes in the student's work status, schedule, or performance.
8. Allow the Medical Assistant Director/Practicum Coordinator to visit the work site to confer with the student and his/her supervisor.
9. The training agency agrees not to hire the student until the student has completed the Medical Assisting course.
10. Maintain general liability, professional liability, and worker's compensation as required by law.
11. The training agency will assist in the evaluation of the student.

Lake Area Technical College

1. The practicum supervisor will inform the student and the training agency that the externship experience is supervised and unpaid.
2. Certify the student's academic eligibility to participate in an externship agreement.
3. Maintain communication with the Site Sponsor and clarify LATC policies and procedures.
4. Maintain the confidentiality of any information designated by the Site Sponsor as confidential; provide students with HIPAA regulations as they relate to the medical facility.
5. Provide general liability insurance, and such professional liability insurance as may be reasonably required, for each participating student.
6. Inform students they are **not** eligible for workman's compensation benefits during their externship.
7. The practicum supervisor will provide training related to career objectives as outlined in the clinical evaluation form.
8. The practicum supervisor will make periodic contacts with the training facility to discuss the progress of the student with the agency supervisor.

Terms of Externship Agreement

An externship arrangement for each student will consist of 240 unpaid, supervised hours that is agreed upon by the Site Sponsor and Lake Area Technical College. Should the Site Sponsor become dissatisfied with performance of a student, the Site Sponsor may request termination of the externship arrangement. This should occur only after the Medical Assisting Program Director has been notified in advance and a satisfactory resolution cannot be obtained. Equally, LACI may request termination of the arrangement for any student not complying with LATC guidelines and procedures for the externship program, or if the Site Sponsor does not uphold the responsibilities mentioned above, as long as Site Sponsor personnel have been notified in advance and satisfactory resolution cannot be obtained.

This agreement may be terminated by Lake Area Technical College or the training agency and/or the student.

Signatures: Signatures of all interested parties are required.

LATC Student Extern

Print Name _____

Signature _____ Date _____

LATC Practicum Coordinator

Print Name _____

Signature _____ Date _____

Site Sponsor Supervisor

Printed Name _____

Signature _____ Date _____