

EXHIBIT A

A copy of each Student's signed Exhibit A shall be maintained by the NM FACILITIES hosting the Program ("NM FACILITIES") throughout the term of this Educational Affiliation Agreement and for a period no less than seven (7) years thereafter.

I, the undersigned student at _____(SCHOOL) hereby agree to the following as conditions to my placement in the Program at NMHC:

1. I understand that I am not acting as an employee, agent or servant of NMHC for any purposes whatsoever when engaged in educational activities for which I will receive credit from SCHOOL.
2. I have passed a physical examination and criminal background check in accordance with the policies of NMHC, which examination shall include a TB test (and a chest x-ray if the TB test is positive), mumps, rubella, rubeola, varicella and Hepatitis-B immunity, and satisfactory result on any other screening tests required by NMHC. I agree that I will update such tests/immunizations as required by NMHC during the duration of the Program. Additionally, I understand that SCHOOL will provide to NMHC the results of a ten (10) panel drug screening and background check upon request.
3. I have been or will agree to be trained in infection control and occupational exposure risk and reduction in compliance with OSHA's blood borne pathogen and tuberculosis regulations and guidelines;
4. I have procured full health insurance coverage. Such coverage, for both basic health services as well as emergency care, must be maintained for the duration of my participation in the placement and a copy of the proof of insurance has been or will be provided to NMHC upon request. I understand that I am responsible for the full cost of my own medical care, transportation and/or living arrangements;
5. I have been informed by SCHOOL of my responsibilities under the Educational Affiliation Agreement between SCHOOL and NMHC.
6. I understand that all identifiable patient information, including without limitation the name of a patient and the fact that he or she is being treated by NMHC, is confidential and may not be disclosed by me except where it is necessary to the treatment of a patient and then only to a member of the treatment team. I may not access, copy or maintain any such confidential patient information, in either hard copy or electronic form, except for the purposes of the Program, and if improperly or inadvertently violate this obligation, I shall immediately report the violation to my supervisor at NMHC and either tender the copies to that person or destroy them. I also understand that any failure to comply with these confidentiality provisions may result in my immediate termination from the Program. These obligations shall survive termination of this Agreement;
7. I shall report to NM FACILITIES on time on the days scheduled and shall comply with all relevant NMHC policies, procedures, rules and regulations, including without limitation, NMHC'S drug-free and smoke-free workplace policies, infection control practices and fire

and safety regulations, and I agree to participate, if requested, in relevant NMHC'S sponsored programs relating to patient care issues, quality control and utilization reviews;

8. I shall obtain prior written approval of NMHC and SCHOOL before publishing any material relating to the educational experience;
9. I shall conform to the relevant standards and practices of SCHOOL while training in NM FACILITIES so long as those standards and practices do not contradict those of NMHC.
10. I shall provide, at my cost, the necessary and appropriate uniforms if required by NMHC, as well as all transportation and/or living arrangements;
11. I will be responsible for the full cost of any medical care that I may receive at NM FACILITIES unless the law or NMHC'S policies provide otherwise; and
12. I will submit to a criminal background check and government health program exclusions check. I understand that NMHC may cancel my placement if it determines that I have been convicted of a felony or criminal misdemeanor that could reasonably be expected to impact the health, safety or welfare of NM FACILITIES or its patients, employees, staff, visitors or assets, I am excluded from participation in any federal or state healthcare program, or I am known to be a drug trafficker or terrorist. All background checks shall be conducted in strict compliance with NMHC'S relevant policies and Illinois and federal law. By my signature below, I acknowledge that I have not been convicted of any misdemeanor or felony that could impact the health, safety or welfare of the patients, employees or visitors of the Hospital, or the safety and security of its property and assets.
13. I will have the status of "Student" while at NM FACILITIES and I may not replace NM FACILITIES staff, or render patient care or service except as identified for educational value and delineated in the Program as agreed to by SCHOOL and NMHC. Any direct contact between me and a patient shall be under the proximate supervision of a member of the NM FACILITIES' staff.
14. I will wear the name tag provided by NMHC, identifying me as a student, at all times while on NM FACILITIES' premises.

Signature: _____

Date: _____

Printed Name: _____