

EXHIBIT A

A copy of each Student's signed Exhibit A shall be maintained by MARIANJOY REHABILITATION HOSPITAL & CLINICS, INC. ("MARIANJOY FACILITY") throughout the term of this Educational Program Affiliation Agreement and for a period no less than one year thereafter.

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

1. I understand that I am not an employee, agent or servant of MARIANJOY FACILITY for any purposes whatsoever.
2. I have passed a criminal back ground check and physical examination accordance with the policies of MARIANJOY FACILITY. MARIANJOY FACILITY requires documentation of immunizations AND lab reports showing results of antibody titers for immunity to the following. TB test within 90 days of start date or chest x-ray within 6 months of start date, measles, mumps, rubella, varicella and Hepatitis-B immunity, seasonal influenza and other required vaccine (Tdap). A health care professional must verify all information.
3. I agree that I will update such tests/immunizations as required by MARIANJOY FACILITY during the duration of the Educational Program Additionally, I understand that SCHOOL will provide to MARIANJOY FACILITY the results of a TEN-panel drug screening and background check before I will be allowed to participate in this placement at MARIANJOY FACILITY;
4. I have been trained in infection control and occupational exposure risk and reduction in compliance with OSHA's blood borne pathogen and tuberculosis regulations and guidelines;
5. 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 MARIANJOY FACILITY prior to the first day of my participation in the placement at MARIANJOY FACILITY. I understand that I am responsible for the full cost of my own medical care, transportation and/or living arrangements;
6. I have been informed by SCHOOL of my responsibilities under the Education Affiliation Agreement between SCHOOL and MARIANJOY FACILITY.
7. 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 MARIANJOY FACILITY, 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 Educational Program, and if I improperly or inadvertently violate this obligation, I shall immediately report the violation to my supervisor at MARIANJOY FACILITY 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 Educational Program. These obligations shall survive termination of this Agreement;

8. I shall report to MARIANJOY FACILITY on time on the days scheduled and shall comply with all relevant MARIANJOY FACILITY policies, procedures, rules and regulations, including without limitation, FACILITY'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 MARIANJOY FACILITY sponsored programs relating to patient care issues, quality control and utilization reviews;
9. I shall obtain prior written approval of MARIANJOY FACILITY and SCHOOL before publishing any material relating to the educational experience;
10. I shall conform to the relevant standards and practices of SCHOOL while training in MARIANJOY FACILITY so long as those standards and practices do not contradict those of MARIANJOY FACILITY;
11. I shall provide, at my cost, the necessary and appropriate uniforms if required by MARIANJOY FACILITY, as well as all transportation and/or living arrangements;
12. I will be responsible for the full cost of any medical care that I may receive at MARIANJOY FACILITY unless the law or FACILITY's policies provide otherwise; and
13. I will submit to a criminal background check and government health program exclusions check. I understand that MARIANJOY FACILITY 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 MARIANJOY FACILITY 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 FACILITY'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.
14. I will have the status of "Student" while at MARIANJOY FACILITY and I may not replace MARIANJOY FACILITY staff, or render patient care or service except as identified for educational value and delineated in the educational program as agreed to by SCHOOL and MARIANJOY FACILITY. Any direct contact between me and a patient shall be under the proximate supervision of a member of the FACILITY's staff.
15. I will wear the name tag provided by MARIANJOY FACILITY, identifying me as a student, at all times while on MARIANJOY FACILITY'S premises.

Signature: _____

Date: _____

Printed Name: _____