Endeavor Health
Northwest Community Hospital

NCH/Harper College Paramedic Program
Student-Agency

Memo of Understanding 2023-2024

Field Capstone Experience with an NWC EMSS agency

Student name (PRINT): _____

Provider Agency: _____

Paramedic Students riding with an NWC EMSS Agency for their Field Capstone are given temporary ALS privileges by Matthew T. Jordan, MD, FACEP, EMS System Medical Director. To meet the legal liability obligations of this authorization, they must meet the requirements of the NCH Paramedic Program for approval of Field Preceptors and the student assessment and evaluation criteria of the NCH Field Capstone requirements regardless of the paramedic program in which they are enrolled. The student and their Paramedic Program agree to abide by the following requirements during the Field Capstone:

Initials	Statement
	Adhere to NCH Paramedic Program and Provider rules and regulations regarding appearance, dress, hygiene, body art, and jewelry requirements/restrictions.
	Comply with NCH Paramedic Program health prerequisites and criminal background check requirements for paramedic students.
	Comply with Paramedic Program, NWC EMSS, and Provider behavior/conduct rules and regulations.
	Comply with NCH Paramedic Program student performance and outcomes criteria throughout the Capstone. The student shall not drive nor operate an agency vehicle unless an employee of the agency.
	Comply with NCH Paramedic Program and Provider procedures and policy related to preceptor assignment and student acceptance/denial criteria.
	Comply with Provider Agency restrictions regarding ride time hours. Note: The Provider may restrict hours available to students based on station visitor policy, preceptor availability, special details, holidays, etc. Students may be restricted to riding between normal working hours or specific time slots.
	Comply with all agreements/contracts or liability waivers in place between NCH and the Provider and others as required by the Agency.

Student initials indicate that requirements have been received, understood, and they will conform with each clause.

Student signature: _____

Provider representative name (PRINT) _____

Provider rep signature _____

PM Program Director NAME / signature: _____

Date: _____

CJM: S24