

**Northwest Community Healthcare (NCH)**  
**Paramedic Student/Provider Agency Memo of Understanding**

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Student name (PRINT): \_\_\_\_\_

Provider Agency: \_\_\_\_\_

The NCH Paramedic Program student agrees to abide by the following requirements while riding with the hosting provider agency during EMS 215 (Field Internship):

\_\_\_\_\_ Adhere to provider agency rules and regulations regarding appearance, dress, hair style, body art and jewelry requirements/restrictions.

\_\_\_\_\_ Comply with provider agency criminal background check requirements.

\_\_\_\_\_ Comply with provider agency behavior/conduct rules and regulations.

\_\_\_\_\_ Comply with provider agency student performance expectations throughout each phase of the internship. The student shall not drive nor operate an agency vehicle unless an employee of the agency.

\_\_\_\_\_ Comply with provider agency procedures and policy related to preceptor assignment and intern sponsorship acceptance/denial criteria.

\_\_\_\_\_ Comply with provider agency restrictions regarding ride time/visitor hours. Note: provider agency may restrict hours available to student based on station visitor policy, preceptor availability, special details, holidays, etc. The student intern may be restricted to riding between normal working hours or specific time slots.

\_\_\_\_\_ Comply with any and all "Hold Harmless" agreements/contracts or liability waivers in place between NCH and the Provider Agency and others as required by the agency.

\_\_\_\_\_ Review and comply with provider agency's Paramedic Job Description parameters.

Student initials indicate that requirements have been explained by the Provider Agency and understood by the student.

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Student signature: \_\_\_\_\_

Agency representative name (PRINT) \_\_\_\_\_

Agency rep signature \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_