

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



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.
- _____ 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.

Student signature: _____

Agency representative name (PRINT) _____

Agency rep signature _____

Title: _____

Date: _____