

# MIH-CP AGREEMENT FORM - 2024



My initials next to each clause and signature on this agreement verify that I have received, read, understand, and agree to comply with the expectations and restrictions specified in the NWC EMSS MIH-CP Program standards and job description. The terms of this agreement extend from my enrollment in the MIH-CP program throughout my tenure as an NWC/NLC MIH-CP.

<b>Initials</b>	<p><b>Required Qualifications: I agree and/or affirm:</b></p> <ul style="list-style-type: none"> <li>To maintain an active unrestricted PM license with practice privileges in my EMS System(s) of record</li> <li>To maintain an active unrestricted Driver's License, &amp; authorization to operate an agency vehicle</li> <li>To comply with mandatory health and education requirements to remain in good standing.</li> <li>That I fully meet experience and practice excellent qualifications as an MIH-CP + current CPR card</li> <li>That I fully meet the Essential Eligibility Requirements, essential skills, abilities and aptitudes without restriction and with or without an approved reasonable accommodation</li> </ul>
	I agree and affirm that I have completed the initial 40 hours of MIH instruction; supplemental instruction on the use of HealthCall® software and have completed at least two simulated PCRs in HealthCall®.
	I agree to deliver safe, seamless, timely, efficient, effective, and person-centered care to MIH clients meeting all defined competencies in the MIH-CP job description.
	I affirm that I am familiar with the legal and ethical responsibilities of serving as an MIH-CP and will conform with Program core values: I shall perform professional duties with honesty, integrity, respect, equity, fairness and good faith in a manner that reflects well upon the profession. I shall maintain HIPAA confidentiality standards, and shall respect professional confidences and protect sensitive information and communications.
	I shall comply with and abide by all federal, state, and local laws, rules, regulations, and Program standards now in force, or which may hereafter be in force, pertaining to MIH healthcare in the jurisdictions in which I am located or conduct MIH professional activities.
	I shall maintain competence and proficiency in MIH services via continuing education and demonstrate steadfast commitment to scholarly improvement, lifelong learning, and excellence in all work units.
	I shall refrain from participating in any activity that demeans the credibility and dignity of the Agency, EMS Profession, or MIH program.
	I shall build trust with all clients and their families, as well as with members of the community and actively participate in CQI activities that ensure the safety, value, quality and equity of care or service rendered.
	I shall properly use and maintain all Program supplies, equipment, property, and resources
	I understand the requirements and steps to gain/maintain MIC-CP credentials and shall comply with each
	I acknowledge the nature of the MIH work environment, the usual and customary foreseeable risks and agree to take all reasonable safety precautions and perform as an MIH-CP within the Program.
	<p>I understand that I am afforded the same due process rights as a PM in the NWC EMSS adhering to principles of a Just Culture if there are allegations of misconduct, malfeasance, or negligence against me. Investigations, reporting of facts, recommendations, and consequences shall be governed by Policy D1 Due Process, Corrective coaching/ Disciplinary Action.</p> <p>I understand that if my behavior results in a patient refusing to allow me to return, the Program will conduct a root cause analysis, and sustained breach of duty allegations will affect my continued participation.</p>
	<b>Furthermore, I also understand that</b> the Program reserves the right to change policies or requirements without prior notification; that the Program will inform me of those changes; and this signed document will be placed in my MIH-CP personnel records.

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this agreement. I represent and certify that my true age is at least 18 years old and am competent to agree in my own name. I have read this entire Agreement. I fully understand the contents, meaning, and impact and agree to be bound by it.

\_\_\_\_\_  
CP Paramedic name (PLEASE PRINT)

\_\_\_\_\_  
CP Paramedic signature

\_\_\_\_\_  
NWC/NLC MIH-CP Program Director  
CJM: 5-24

\_\_\_\_\_  
Date