

PROVIDER MEMORANDUM OF AGREEMENT

Agreement made this _____ day of _____, 20__ by and between **Kentucky Health Care Training Institute**, 3010 Taylor Springs Drive, Louisville, KY. 40220, hereinafter referred to as KHCTI, and _____ located at _____ hereinafter referred to as _____ (Put initial abbreviation of facility).

Whereas, KHCTI is in the business of providing training for medication aides, and

Whereas, _____ is agreeable to allow _____ (name of student) to receive clinical experience in its long-term care facility

Now therefore, it is hereby agreed as follows:

1. _____ herewith agrees to allow _____ to complete clinical training as a medication aide in this facility.
2. _____ will appoint a registered nurse or licensed practical nurse to appropriately supervise and monitor the actions of _____ while he or she is gaining the clinical experience, and under no circumstances will the student (s) render patient care unless under the direct supervision of the appointed nurse. Each student must acquire a minimum of 40 hours of clinical experience in the administration of medications. Medication aides are specifically prohibited from instilling medications through a tube, giving parenteral medications, converting from one dosage system to another, administering antineoplastic drugs, accepting phone/verbal order from those with prescriptive authority, dispensing medications for residents temporarily out of the facility, and performing any procedure that requires sterile technique. **This clinical work is not done until the student has successfully completed the classroom portion of the course.**
3. The student shall acquire adequate professional liability insurance either through the clinical facility or through a company the student has purchased a policy from.

BY _____ (Signature)
DON or Administrator

Date _____

BY _____ Director, KHCTI

Date _____