



# Pharmacy Technician Externship Agreement

**Between ACT College** (*hereafter referred to as ACT*)

1100 Wilson Boulevard · Suite M780 · Arlington, VA 22209-2297 · 703.527.6660 · Fax: 703.527.7072

**AND**

\_\_\_\_\_  
Pharmacy or Medical Practice (*hereafter referred to as Facility*)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone Fax Authorized Agent (*If other than above*)

**PURPOSE:**

This cooperative relationship between the parties hereto is made and executed this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ for the purpose of jointly providing clinical externship to ACT students training to be Medical Assistants.

The initial term of this Agreement shall be from the date indicated above through \_\_\_\_\_ (one year). At the end of the initial term, this Agreement shall be automatically renewed from year to year, commencing on \_\_\_\_\_, and ending on \_\_\_\_\_ (no more than four years), provided, however, that either party may terminate this Agreement by serving upon the other party a written notice, not less than ninety (90) days in advance of termination on a date certain. Such termination shall not prevent those students already participating in this clinical education program from completing their assignment at the Facility.

**ACT COLLEGE'S RESPONSIBILITIES:**

ACT understands and agrees to be responsible for the following:

- A. To provide all classroom and laboratory instruction to students prior to their externship program at the Facility.
- B. To coordinate with \_\_\_\_\_ to schedule students for their externship training phase.
- C. To designate a member of the ACT, Education Department to serve as a program coordinator to work with Facility's clinical supervisor.
- D. To provide externship learning objectives, evaluation guidelines and evaluation procedures to the Facility.
- E. To provide the Facility with dates when the extern may require time away from the externship facility to attend seminars at the ACT campus.
- F. To provide an orientation to the Facility and his/her staff prior to the student extern's clinical assignment. The orientation will include a review of program objectives, evaluation requirements and criteria to be used in evaluating the student extern's clinical experience.
- G. To advise the assigned students of their obligation to comply with all applicable ACT and Facility rules and regulations.
- H. To indemnify and hold harmless the Facility and its employees/agents from any and all claims, damages, judgments, actions, and causes of Acting arising out of the acts of omissions of ACT, its employees and agents, including the cost, expenses and legal fees incurred defending any and all such claims, actions and lawsuits. The Facility agrees to give ACT written notice of all such claims, damages, judgments, actions, costs, expenses and legal fees with in 30-days after the Facility has knowledge thereof.

**FACILITY'S RESPONSIBILITIES:**

The facility understands and agrees to be responsible for the following:

- A. To provide student extern with clinical experience in clinical/laboratory assisting duties and administrative office duties.
- B. To provide all equipment and supplies required to adequately perform clinical/laboratory assisting duties and administrative office duties.
- C. To provide ACT with evaluation reports for each student extern regarding their clinical learning experience. The evaluation report must be forwarded to the ACT campus after the student completes each week of practical experience.
- D. To ensure that a student extern is adequately supervised by the Facility's staff during the extern's clinical learning experience. A student extern cannot replace a **Regular Staff Member** at the externship site.
- E. To immediately notify ACT of any student who develops an illness or is involved in an accident. The Facility can provide immediate emergency care if necessary. Any cost that occurs through care or treatment of any injury at the site will not be the responsibility of ACT but will be the responsibility of the student and/or his or her insurance company.
- F. To indemnify and hold harmless ACT, its employees, agents and students from any and all claims, damages, judgments, actions, and causes of action arising out of the acts or omissions of the Facility, its employees and agents, including the cost, expenses and legal fees incurred in defending any and all such claims, actions and lawsuits. ACT agrees to give the Facility written notice of all such claims, damages, judgments, actions, costs, expenses and legal fees within 30-days after ACT has knowledge thereof.

**GENERAL PROVISIONS:**

- A. The parties understand and agree that ACT student externs **Shall Not Be Compensated** for their externship clinical training.
- B. The externship shall consist of a minimum of 160 hours and must include an equal balance of clinical / laboratory assisting duties and administrative office duties.
- C. The parties understand and agree that the Facility may request the withdrawal of a student extern from an externship provided; the facility promptly furnishes ACT with written documentation of the circumstances that necessitated such a withdrawal.
- D. The parties understand and agree that this agreement as outlined under PURPOSE may be terminated by either party. Termination of this agreement must be preceded by at least a ninety (90) day written notice.
- E. The parties understand that ACT provides limited accident insurance coverage for accidents caused by the student externs. The professional liability insurance protection will be a minimum amount of one million dollars per occurrence and three million dollars aggregate. The parties understand and agree that the responsibility of ACT for accident coverage caused by the externs shall be limited to and controlled by the terms of ACT applicable insurance policy then in effect.
- F. The parties understand and agree that an ACT student extern shall not be considered ACT or physician's employee, that ACT and Facility shall not be responsible for Workers Compensation Insurance.
- G. This agreement may be revised only by mutual written agreement by duly authorized agents for the parties hereto.

\_\_\_\_\_  
Pharmacist or Medical Facility Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Externship Advisor  
ACT College

\_\_\_\_\_  
Executive Vice President  
ACT College