Agreement Concerning Faculty Supervision of Clinical Training

In consideration for being permitted to participate as a faculty preceptor at Emory Hospitals (Crawford Long Hospital & Emory University Hospital) hereinafter referred to as the "Hospital" as part of a clinical training experience, I hereby agree to the following:

1. To follow the administrative policies, standards and practices of the Hospital when in the Hospital.

2. To report to the Hospital on time and to follow all established regulations of the Hospital.

3. To keep in confidence all medical, health (including mental health), financial and social information pertaining to clients or patients of Hospital.

4. To not publish any material related to my participation in the clinical education experience that identifies the Hospital or its clients or patients directly or indirectly, or that uses the name of Emory University, Emory University Hospital or Crawford Long Hospital, unless I have received prior written permission from the Hospital.

5. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.


Further, I understand and agree, unless otherwise agreed to in writing, that I will not receive any monetary compensation from the Hospital for any services I provide to the Hospital or its clients, patients or staff as part of my responsibilities in the clinical learning experience at the Hospital.

Unless otherwise agreed upon in writing, I also understand and agree that I will not be deemed to be employed by or an agent or a servant of the Hospital; that the Hospital assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; that I am not entitled to any benefits available to employees; and, therefore, I agree not to in any way hold myself out as an employee of the Hospital.

I further understand and agree that the nature and scope of activities of faculty members that may in any way involve patient care at the Hospital are subject to the sole discretion of the Hospital and to such conditions as the Hospital may deem necessary in its sole discretion, including, without limit, prior proof of professional liability coverage acceptable to Hospital, appropriate licensure or certification, and compliance with all Hospital rules, regulations and policies.

I have read, or have had read to me, the above statements, and understand them as the apply to me. I hereby certify that I have freely and voluntarily signed this Agreement.

Date

Signature of Faculty Member

Print Name