

PHYSICIAN ASSISTANT DEPARTMENT

3. RESPONSIBILITY OF THE FACILITY:

- a. Provide an Experiential Professional Activity (EPA), supervised by a MD, DO, PA, licensed to practice

- b. Should either party terminate the agreement, both parties agree to allow Students presently in training at the *Facility* to complete their affiliation period, unless it is detrimental to the Student's development for such experience to continue to completion.
- c. *College* shall provide proof of professional liability insurance covering Students placed at the *Facility* in the amounts of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) annual aggregate with a \$20,000,000 university excess liability prior to beginning the clinical assignment at *Facility* and upon request of *Facility* thereafter. A Memorandum of Insurance shall evidence such insurance.
- d. It is understood and agreed that the parties to this agreement may revise or modify this agreement by a written amendment signed by both parties.
- e. This agreement hereby includes the following program: Physician

FOIA