

January 23, 2020

Byrdine F. Lewis School of Nursing and Health Professions
Georgia State University

(404) 413-1100
(404) 413-1090 fax

MEMORANDUM TO: Caroline Lombard, Associate General Counsel

We recommend for your approval and execution the attached (check one):

Affiliation Agreement/Amendment

Affiliation Agreement Renewal Letter

With **Novant Health, Inc.**
for the **Byrdine F. Lewis College of Nursing & Health Professions**

COMMENTS: The attached agreement needs to be reviewed by the legal department to ensure agreement meets all of the standards prescribed by the Board of Regents for affiliation agreements used to cover the training of students by their respective institutions. Upon the completion of your review and execution, please return all copies of the agreement to me for appropriate action to complete and distribute the copies and route for signature.

1/23/2020
Date



Kelli Nowviskie, Dean's Office Administrator

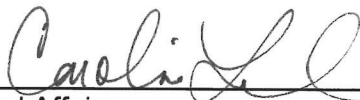
1/23/2020
Date



Anthony Roberts, College Administrative Office

We concur in the above recommendation:

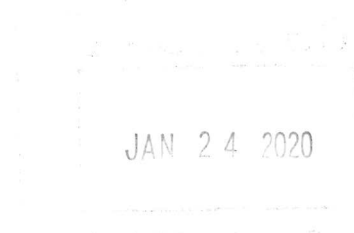
1/30/2020
Date



Legal Affairs

Department contact:
Kelli Nowviskie
Byrdine F. Lewis College of Nursing & Health Professions
Georgia State University
P.O. Box 3995
Atlanta GA 30302-3995

Telephone: 404.413.1084
Email: knowviskie@gsu.edu



From: McMurray, Cynthia L <clmcmurray@novanthealth.org> on behalf of Student Programs <StudentPrograms@novanthealth.org>
Sent: Monday, January 20, 2020 10:12 AM
To: Chip Zimmerman <chip@gsu.edu>
Subject: RE: Chloe Odell from Georgia State University- Paperwork

Hello,

It is my pleasure to announce our new Vice President of Learning and Development at Novant Health, Inc.; Pamela Hardy. Due to this change, we are asking schools/universities to sign the Letter of Agreement (LOA) with Pamela's signature.

Please have the **President/Provost/Chancellor** of your school/university to sign the agreement. The signed affiliation agreement (LOA) should be returned to Arkia Armstrong, Director of Student Programs at Studentprograms@novanthealth.org along with the most updated Certificate of Insurance (COI). Below you will find the link to the LOA.

[https://www.novanthealth.org/Portals/92/novanthealth/documents/Novant Health/documents/Novant Health Agreements/Educational Institutions-Letter-of-Agreement.pdf](https://www.novanthealth.org/Portals/92/novanthealth/documents/Novant%20Health%20Agreements/Educational%20Institutions-Letter-of-Agreement.pdf)

Sincerely,

Cynthia McMurray

Administrative Specialist III to
Arkia Armstrong,
Director of Student Programs
4020 Kilpatrick Street, Suite 203
Winston-Salem, NC 27104

Telephone: 336-277-6703

Fax: 336-277-0824

From: Chip Zimmerman <chip@gsu.edu>

Sent: Monday, January 13, 2020 2:12 PM

To: Student Programs <StudentPrograms@novanthealth.org>

Subject: Chloe Odell from Georgia State University- Paperwork

Hi Kisha / Caroline
I'm also attaching
the prev. signed letter
Dr. Palm signed for
reference. Would you
be able to route to
Provost Hensel if all is
OK w/ this letter?
Thanks,
Kelli
P.S. I've already sent
COI
😊

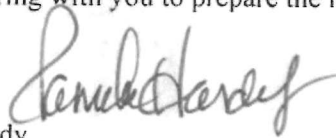
Dear Educational Institution Leader,

Thank you for your interest in sending qualified students to participate in clinical/non-clinical education experiences at Novant Health. We require this signed letter of agreement for all student experiences. Due to the volume of students, we are not able to make any changes to this agreement or sign any other agreements related to clinical education. As you have done in the past, please contact our Director of Student Programs regarding your educational needs. We cannot guarantee placement of any students, but will work with you to determine if we are able to accommodate your needs. The requirements for educational placements, including forms that must be signed by students and faculty, are available at www.novanthealth.org/studentprograms. You agree that your students will complete the requirements as provided on the website. You agree to comply with Novant Health rules, regulations and policies.

Novant Health maintains ultimate responsibility for patient care. Students and faculty will not be used to provide services in place of Novant staff. Students and faculty are not employees and are not entitled to any compensation or benefits, including Workers' Compensation. Students will be provided information regarding our expectations of professionalism. While we hope that it will not be necessary, we reserve the right to ask a student to leave the premises immediately and exclude the student from further participation if he or she does not comply with our expectations or if we are concerned about safety or patient care. We will notify you promptly if this occurs. We will provide necessary feedback regarding the student's performance, with the School retaining ultimate responsibility for the learning experience, including grading. Novant Health will maintain confidentiality of student educational records and will not disclose contents other than to faculty or administration of the educational institution with a legitimate educational interest. Novant Health is at all times responsible for administrative and professional supervision of students performing services under this Agreement and will provide appropriate, qualified professional clinical supervision for participating students. All of the requirements related to students also apply to faculty members who come on-site to our facilities. We require medical professional liability insurance in an amount no less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate and/or in compliance with statutory requirements, whichever is higher. **Please include your certificate of insurance or insurance verification letter when you return a copy of this signed letter.** Novant provides this same level of insurance coverage for its employees assigned to the student's clinical/non-clinical education experience. The educational institution will not be liable for the negligence or misconduct of Novant Health employees or agent.

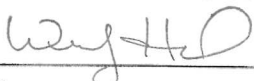
This agreement is for a one (1) year then and will automatically renew when we receive a copy of School's yearly certificate of insurance or insurance verification letter. Either party may terminate this agreement immediately for cause or upon thirty (30) days prior written notice without cause. Termination shall not prevent any student who is currently enrolled from completing the program. Both parties agree to comply with all applicable laws and regulations, including laws prohibiting discrimination. Thank you again for your interest in Novant Health. We look forward to partnering with you to prepare the next generation of health professionals.

Sincerely,



Pamela Hardy
Vice President, Learning and Development

I HAVE READ AND AGREE WITH THE ABOVE INFORMATION.


Name

Wendy Hensel
Print Name

6 February, 2020
Date

Provost + SVP for Academic Affairs
Title

Georgia State University
Educational Institution (Print or stamp)

Please return with certificate of insurance to: studentprograms@novanthealth.org. or Novant Health, 4020 Kilpatrick Street, Suite 203, Winston-Salem, NC 27104.





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Sincerely,

Debbie Kiser

Debbie Kiser

Vice President, Learning and Development

I HAVE READ AND AGREE WITH THE ABOVE INFORMATION.

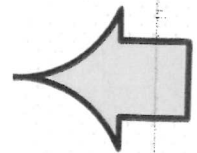
Risa Palm
Name

Risa Palm
Print Name

10-30-18
Date

Provost
Title

Georgia State University
Educational Institution



Please return with certificate of insurance to: Glenda Livengood, Fax: 336-277-6986, gslivengood@novanthealth.org, or Novant Health, 4020 Kilpatrick Street, Suite 203, Winston-Salem, NC 27104.