

**EXHIBIT A**  
TEMPLATE PROGRAM AGREEMENT

**PROGRAM AFFILIATION AGREEMENT NO. 2**

This Program Affiliation Agreement No. 2 ("Program Agreement") is made and entered into this 13 day of September, 2018 ("Program Effective Date") by and between Confluence Health, a Washington nonprofit corporation; Central Washington Health Services Association, a Washington nonprofit corporation d/b/a Central Washington Hospital; Wenatchee Valley Hospital, a Washington nonprofit corporation (hereinafter collectively referred to as "Network") and Central Washington University (hereinafter referred to as "School") pursuant and subject to said Parties' Master Affiliation Agreement dated the 13 day of September, 2018. This Program Agreement describes a specific health profession and/or a specific certificate or degree for which Students in the Educational Experiences will be studying.

**Program Name:** Central Washington University Dietetic Internship

**Network Liaison:**

Name: Casey Vogt  
Address: 609 Highline Drive  
East Wenatchee, WA 98802  
Phone: 509-436-6825  
Fax: 509-436-6899  
Email: casey.vogt@confluencehealth.org

**School Liaison:**

Name: Dana Ogan, Dietetic Internship Director  
Address: 400 East University Way  
Ellensburg, WA 98926-7572  
Phone: 509-963-2351  
Fax: \_\_\_\_\_  
Email: Dana.Ogan@cwu.edu

**Primary Responsibility for Teaching:** (select only one option per line)

- in inpatient settings:       N/A                       Network                       School
- in outpatient settings:     N/A                       Network                       School
- other teaching arrangement (describe): \_\_\_\_\_

**Length of Clinical Experiences:**     15 weeks per semester or rotation period  
(select any and all that apply;       \_\_\_\_\_ groups of Students on \_\_\_\_\_ [days of week]  
don't use a line that doesn't apply)  \_\_\_\_\_ hours per group per day/wk/semester/rotation period  
(circle one)  
 other (describe): \_\_\_\_\_

**Maximum Number of Students:**     2 per semester or rotation period  
(select any and all that apply;       \_\_\_\_\_ per group in inpatient settings  
don't use a line that doesn't apply)  \_\_\_\_\_ per group in outpatient settings  
 other (describe): \_\_\_\_\_


**Start Date of First Semester or Rotation Period:** September 17, 2018

**Facility(ies):** \_\_\_\_\_

**This Program Agreement expires:**     12 months after the Program Effective Date.  
(select only one)                       at the end of \_\_\_\_\_ semesters or rotation periods.  
 on \_\_\_\_\_, 20\_\_\_\_.  
 36 months after the Master Agreement Effective Date.

IN WITNESS WHEREOF, each Party has caused this Program Agreement to be executed by its authorized representative on the date set forth below.

CONFLUENCE HEALTH:

By: 

Name: JoEllen Colson

Title: VP Human Resources

Date: 09/17/2018

SCHOOL

By: 

Name: Paul Ballard

Title: Dean, College of Education and Professional Studies

Date: 9.18.18

CMU 9-15-18

CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION

By: 

Name: JoEllen Colson

Title: VP Human Resources

Date: 09/17/2018

WENATCHEE VALLEY HOSPITAL

By: 

Name: JoEllen Colson

Title: VP Human Resources

Date: 09/17/2018