

**AMENDMENT TO AGREEMENT
BETWEEN
CENTRAL WASHINGTON UNIVERSITY
AND
MULTICARE HEALTH SYSTEM**

That certain Agreement entered into on the 10th day of May, 2007, by and between Central Washington University, Ellensburg, Washington, 98926, hereinafter referred to as the "School", and Multicare Health System, hereinafter referred to as the "Training Site" is hereby amended in the manner following:

WHEREAS, the School and Training Site have an agreement for the purpose of cooperation for placement of students interested in clinical rotation in a patient care setting and

WHEREAS, said Agreement allows for the Agreement to be altered by both parties under mutual agreement:

NOW THEREFORE, the parties agree to enlarge the acceptable "Education Program" to include Dietetic, Exercise Science and EMT/Paramedic, Health Education, and Psychology programs.

All other provisions of said Agreement not herein amended shall remain in full force and effect until said Agreement shall terminate.

CENTRAL WASHINGTON UNIVERSITY

MULTICARE

By: *Bruce Porter*
Signature

By: *[Signature]*
Signature

Title: *Director BS+E*

Title: *[Signature]*

Date: *5/23/07*

Date: *6/5/07*

TB 5/23/07

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

Mandatory Requirements for Student Placement -- Documentation Form

_____ Good Samaritan Hospital Please check the correct facility _____ MultiCare Health System

Faculty/Instructors/Schools who place students in clinical experiences at MultiCare Health System are required to determine, prior to clinical placement, that students meet the requirements as listed in the affiliation agreement. Please certify by signing below that each student and faculty member from your program who will have contact with patients at MultiCare satisfies these requirements and that documentation verifying the same has been collected. **This completed form must be returned prior to commencement of the students' clinical assignments.**

REQUIREMENTS

- Valid License (if applicable)
- Washington State Patrol Background Check
- HIPAA Training
- Immunizations

The following students have met the above requirements: Schools must submit full legal name and birth date. The last 4 digits of the SS # are only required if the student is being precepted.

| Last Name | First Name | Middle Initial | Last 4 digits of SS# only if precepted | Birthdate* | Start Date | End Date | Hosp. Unit | Unit Contact | Total Hours |
|-----------|------------|----------------|--|------------|------------|----------|------------|--------------|-------------|
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| School/Agency and Program | RETURN VIA FAX TO: Karen Foreman, Student Placement MultiCare Health System (253) 403-1307 FAX (NEW) (253) 403-5348 Phone |
| Faculty/Instructor Name | |
| Faculty/Instructor Phone #'s | |
| Faculty/Instructor Signature | |
| Date Completed | |