Dear Dean of Pharmacy,

Thank you for your interest in sending qualified pharmacy students to participate in 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. There is a **$500 fee per pharmacy student** per rotation. This fee is due at the end of the rotation unless other arrangement has been made with your school. All of the requirements, including forms that must be signed by students, are available at www.novanthealth.org. At the bottom of the page, select "Employee Connections," then "Non-Employed Worker/Contact Worker", then Student and Faculty."

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.. 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 professional liability insurance to meet area specific coverage amounts but not less than $1,000,000 per occurrence and $3,000,000 annual aggregate. Unless your School already has provided this, **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 education experience.

This agreement is for a one (1) year term 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,

Michael Nnadi, Pharm.D., MHS, Sc.D. (Hon)
Vice President, Pharmacy

I HAVE READ AND AGREE WITH THE ABOVE INFORMATION.

Name	Print Name	Date
Title	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.