

AN AGREEMENT BETWEEN  
VERITAS NURSING ACADEMY  
AND

\_\_\_\_\_  
(Name of Agency)

City \_\_\_\_\_ State \_\_\_\_\_

The purpose of this agreement is to provide a working relationship between Veritas Nursing Academy and \_\_\_\_\_ (Agency) In providing learning opportunities for \_\_\_\_\_ (student name) who is enrolled in Veritas Nursing Academy for RN/LPN Remediation Starting \_\_\_\_\_ (Date).

This agreement between \_\_\_\_\_ (students name) and Veritas Nursing Academy will Be effective from Date: \_\_\_\_\_ through

Date: \_\_\_\_\_

Both Parties agree:

Professional liability insurance coverage will be maintained by the student to this agreement in amounts deemed adequate by the agency requirements. Failure to obtain and maintain coverage shall be grounds for immediate termination of this agreement.

The Agency agrees:

1. To make available to the student of Veritas Nursing Academy a mutually agreeable preceptor and the clinical facilities of the agency.
2. The agency is responsible for all care and supervision of the services rendered to its patients.

Veritas Nursing Academy Students shall:

1. Abide by existing policies, rules and regulation of the agency and Veritas Nursing Academy
2. Assume responsibility for the personal illness occurring during clinical hours.
3. Wear college name tags at all times during their clinical rotation at the agency and wear uniforms or other attire acceptable to Veritas Nursing Academy during clinical hours.
4. Respect the confident nature of all information, which may come to them with regard to patients and patient records.



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Student Name

Date

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Student Name typed

Date

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Appropriate Agency Official – Signature

Date

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Veritas Nursing Academy – Authorized Signature

Date

VERITAS

NURSING ACADEMY

