

ACKNOWLEDGMENT OF SUPERVISING PROVIDER
(AFFILIATION AGREEMENT)

I _____ (“Supervising Provider”) hereby acknowledge and agree to supervise _____ (“Student”) in his/her participation in an educational program at Memorial Herman Health System (“MHHS”). Supervising provider further acknowledges and agrees to the following:

1. MHHS entered into an Affiliation Agreement with Student’s institution for student’s participation in an education program at MHHS facility.
2. Supervising Provider will supervise and be responsible for Student while at MHHS facility.
3. Supervising Provider will not permit Student to be onsite or practice at MHHS facility without Supervising Provider’s direct supervision.
4. Supervising Provider will comply with the applicable terms and conditions of the Affiliation Agreement which is incorporated by reference.

Acknowledged and Agreed by Supervising Provider:

(Supervising Provider Signature)

(Date)