711 West Tamarack
Altus, OK 73521
580-477-2250
www.swtech.edu

AGREEMENT FOR CLINICAL AFFILIATION

THIS AGREEMENT, is made by and between MANGUM REGIONAL MEDICAL CENTER, hereinafter referred to as "HOSPITAL", and SOUTHWEST TECHNOLOGY CENTER hereinafter referred to as "SCHOOL".

THAT WHEREAS, the SCHOOL desires to enter into an agreement with the HOSPITAL to permit the use of the HOSPITAL as a clinical laboratory for education of students in the SCHOOL'S programs (Practical Nursing, Nursing Assistant (CNA-CMA), Health Science Technology, and other medical training programs) and the HOSPITAL desires to enter into an agreement to provide such facilities for such educational purposes.

NOW THEREFORE, in consideration of the promises and covenants herein contained, the parties agree as follows:

1. The HOSPITAL agrees to provide facilities for clinical laboratory experiences of the SCHOOL'S program including classroom/conference room space and opportunity for student observation and practice in assigned patient areas. The SCHOOL recognizes and agrees that such facilities and clinical resources shall be limited to availability and appropriateness as determined by the HOSPITAL.

2. The HOSPITAL agrees to promote acceptance of the programs by the professional and administrative staffs and foster coordinated relationships between the SCHOOL and the various hospital departments. The HOSPITAL'S Chief Executive Officer shall appoint a liaison person responsible for planning and coordination of the HOSPITAL'S facilities and clinical resources.

3. The HOSPITAL shall have complete authority relative to the care of the patients and the use of physical facilities, equipment, and other clinical resources.

4. The HOSPITAL shall report to the Director of Practical Nursing, Southwest Technology Center any deficiencies of substandard quality of care on surveys conducted by the Oklahoma Department of Public Health.

5. The SCHOOL and the HOSPITAL shall mutually agree to the following:

   a. The goals of the program related to the needs of the HOSPITAL and the community.

   b. The assignment of available facilities and clinical resources of the HOSPITAL including clinical hours and classroom by day, hour, and place of assignment.

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c. The ratio of student to instructor(s).

d. The number of students to be assigned to a given unit.

e. The level of expected student performance.

f. To abide by any and all applicable federal and/or state equal opportunity statutes, including Title VII of the Civil Rights Act of 1964, and Equal/Employment Opportunity Act of 1972, the Rehabilitation Act of 1973, and the Occupational safety and Health Act of 1970.

6. The SCHOOL agrees to provide necessary and appropriate instruction/ supervision of the students. Evidence of current licensure of any and all instructors shall be provided annually by the SCHOOL to the HOSPITAL. The SCHOOL is responsible for all costs of salaries of the SCHOOL'S instructors.

7. The SCHOOL recognizes and agrees that instructors and students shall abide by all HOSPITAL policies, rules, and regulations.

8. The SCHOOL will educate the student in the epidemiology of Hepatitis B and AIDS prior to first clinical day and will submit documentation to the HOSPITAL of either Hepatitis B vaccination or signed waiver.

9. The SCHOOL shall obtain and maintain professional and comprehensive general liability insurance on an occurrence basis covering the SCHOOL, the SCHOOL'S instructors, and the SCHOOL'S students in the minimum amount of $1,000,000 per occurrence. The SCHOOL shall provide the HOSPITAL with a Certificate of Insurance as evidence that said coverage is in full force and effect at all times. It is understood and agreed by the SCHOOL that the HOSPITAL assumes no liability for any student illness, accident, or injury both personally and as related to all other persons and the SCHOOL agrees to hold harmless the HOSPITAL for any cause of action.

10. The SCHOOL shall at all times maintain approval, and advise the HOSPITAL of the current status of the Practical Nursing Program, by the Oklahoma State Board of Nursing Registration.

11. Under the Agreement, the SCHOOL shall be at all times, acting as an independent contractor and not as an employee of the HOSPITAL, and any of the SCHOOL'S licensed employees and students shall at all times be acting and performing independently and not as employees of the HOSPITAL.

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12. SCHOOL agrees that it will:
Instruct students to follow all applicable administrative policies, standards, and practices of the HOSPITAL relative to clinical education, clinical performance, and patient care, including confidentiality of Protected Health Information as described by the Health Insurance Portability and Accountability Act (HIPAA).

13. SCHOOL agrees that it will:
Require students to review and sign the Confidentiality Agreement attached hereto as Appendix A. SCHOOL will send a copy of the Confidentiality Agreement signed by each student to the HOSPITAL.

No assignment of the Agreement or the right and obligations there under shall be valid without the specific written consent of both parties.

This Agreement shall be effective upon execution by authorized representatives of both parties and shall be automatically renewed for one (1) year terms thereafter unless terminated by one of the parties hereto. Either party may terminate this agreement by giving written notice to the other ninety (90) days prior to the annual renewal date. This agreement may be terminated or amended by mutual agreement of both the HOSPITAL and the SCHOOL. This Agreement may also be terminated by either party for breach of this Agreement by one party giving notice to the other party, that such default shall be corrected within fifteen (15) days following the giving of such notice and if such default is not cured, the party giving notice shall have the right to immediately terminate this Agreement.

Southwest Technology Center offers equal opportunities for employment, enrollment, and job placement assistance for graduates without regard to handicap, religious beliefs, sex, race, age, or national origin.

IN WITNESS WHEREOF the HOSPITAL and the SCHOOL have caused this Agreement to be executed in their respective names:

FOR SCHOOL:

By: Ericka Wiginton 7/9/26
Ericka Wiginton, M.B.E. Date
Superintendent
Southwest Technology Center

By: 7/9/2026
Tyler Tims, MSN, RN, PN Coordinator Date
Southwest Technology Center

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FOR HOSPITAL:

By: _____ _____
Kelly Martinez, CEO Date
Mangum Regional Medical Center

By: _____ _____
Nick Walker, COO Date
Mangum Regional Medical Center

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APPENDIX A

CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement ("Agreement") is effective this ____ day of _____, 2026, by and between the _____ ("HOSPITAL") and _____, ("Student"), a student at the _____ ("SCHOOL").

Student acknowledges that as a result of the clinical and related educational activities he or she will undertake at or through Hospital, Student may have access to confidential information, including patient identities and health information. Student shall hold confidential all identifiable patient and Hospital information obtained as a participant in these activities and will not disclose any personal, medical, financial, or related information to third parties, including family members, students, faculty members, or other health care providers without prior written approval of the supervisor or course coordinator. Student is committed to protecting from any disclosure, whether written or oral, any and all confidential information that Student may come into contact with. Student may not view, copy, or remove from the premises patient schedules, procedure schedules, patient medical records, or similar documents, except as permitted under this Agreement and any related affiliation agreements. Student may not use any confidential information in presentations, reports, social media, or publications of any kind without prior written approval of the supervisor or course coordinator.

Student will not bring to School the confidential information of Hospital or store such in or on School property.

Student will not use or disclose patient information in a manner that would violate the applicable requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Student acknowledges that any breach of confidentiality or misuse of confidential information may result in termination of Student's participation hereunder and in other actions deemed necessary by Hospital. Unauthorized disclosure may cause irreparable injury to the owner of the information.

I have read these terms and I understand and agree to abide by them. I also understand I may have additional obligations or limitations under the related Memorandum of Understanding between SCHOOL and Hospital.

_____
Student Printed Name

_____ _____
Student Signature Date