

**AFFILIATION AGREEMENT
BETWEEN
MEMORIAL HEALTH SYSTEM
AND
THE BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY**

THIS AGREEMENT (the “**Agreement**”) is entered into on the date of the last signature at the end of this Agreement, by and between MEMORIAL HEALTH SYSTEM (“**the Facility**”) and THE BOARD OF TRUSTEES OF SOUTHERN ILLINOIS, a body politic and corporate of the State of Illinois, by and on behalf of Southern Illinois University Carbondale (“**the School**”).

WHEREAS, the School desires to utilize various Facility sites (Exhibit A) that may be available for the purpose of providing practical learning and clinical experiences (see Exhibit B for a list of programs and Exhibit C for program-specific requirements) in connection with students of the School.

NOW, THEREFORE, it is understood and agreed upon by the parties hereto as follows:

A. SCHOOL RESPONSIBILITIES:

1. Provision of foundational curriculum to students. The School shall have the total responsibility for planning and determining the adequacy of the educational experience of students in theoretical background, basic skill, professional ethics, attitude and behavior, and will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the School’s curriculum.

2. Student professional liability insurance. Unless otherwise specified in Exhibit C, the School shall require students participating in the practicum to maintain and the School shall provide proof to the Facility of a personal student professional liability insurance policy of at least One Million Dollars (\$1,000,000.00) per occurrence or claim and Three Million Dollars (\$3,000,000.00) in the aggregate covering the acts of such student while participating in the program at the Facility. In the event required insurance coverage is not provided or is canceled, the Facility may terminate the placement of the student. If the School is required to furnish professional liability insurance coverage under this Agreement, the School, concurrently with the execution and delivery of this Agreement, will deliver to the Facility the certificates of insurance, signed, respectively, by authorized agents of the School’s commercial carriers, or, if self-insured, by the plan’s administrator, which have issued the School’s insurance policies, or guaranteed the existence of the coverages, evidencing the maintenance by the School of the insurance which is specified in this Agreement. Notwithstanding the foregoing, Facility acknowledges that School, by and through the Southern Illinois University Self Insurance Program, provides professional liability insurance coverage having limits of at least \$1,000,000 per occurrence and a \$3,000,000 general aggregate and covering students who are acting within the scope of an approved, unpaid clinical program or internship for which academic credit or the equivalent may be awarded.

3. Designation of liaison to Facility; communications relating to clinical placements. The School will designate a faculty or other professional staff member to coordinate and act as its liaison to the Facility. The assignments to be undertaken by the students participating in the educational program will be mutually arranged and a regular exchange of information will be maintained by on-site visits when practical, and by letter or telephone in other instances.

The School shall notify the Facility in writing of any change or proposed change of the person(s) responsible for coordinating clinical placements with the Facility.

4. Evidence of student certifications, vaccinations, etc. Where applicable, the School shall provide evidence that student has met all requirements of CPR certification and proof of immunization (seasonal influenza (flu) vaccination; Hepatitis B vaccination; Measles, Mumps, and Rubella vaccination; Tuberculosis testing; and Varicella vaccine or history of Varicella).

5. Criminal background check and drug screen compliance. Where applicable, a criminal background check and drug screen, as required by and acceptable to the Facility, are required of each placed student prior to participation in the clinical rotation. It is the School's responsibility to ensure that the background check and drug screening have been completed and that students with unacceptable results will not participate at sites where students with such results are forbidden by policy.

6. School notices to students. The School shall notify each student prior to his/her arrival at the Facility that he/she is required to:

- (a) Follow the administrative policies, standards, and practices of the Facility.
- (b) Obtain medical care at his/her own expense for any injuries or illnesses sustained as a direct or indirect result of his/her affiliation with the Facility.
- (c) Provide his/her own transportation and living arrangements.
- (d) Report to the Facility on time and follow all established regulations during the regularly scheduled operating hours of the Facility.
- (e) Conform to the standards and practices established by the School while functioning at the Facility.
- (f) Obtain prior written approval of the Facility and the School before publishing any material relating to the clinical learning experience.
- (g) Meet the personal, ethical and professional standards required of employees of the Facility and consistent with the applicable professional Code of Ethics and the applicable standards of The Joint Commission and/or other relevant accrediting or regulatory bodies.

(h) Complete Facility's annual safety community based learning ("CBLs"), including, but not limited to, OSHA Compliance for Prevention of Transmission of Bloodborne Pathogens and Tuberculosis.

B. FACILITY RESPONSIBILITIES:

1. **Provision of facilities for supervised clinical experiences.** Subject to the provisions of Section C.2 of this Agreement, the Facility agrees to make the appropriate facilities available to the School in order to provide supervised clinical experiences to students. Such facilities shall include an environment conducive to the learning process of the students as intended by the terms of this Agreement and conforming to customary Facility procedures.

2. **Facility rules applicable to students during clinical assignments.** Students are to remain subject to the authority, policies, and regulations imposed by the School and, during periods of clinical assignment, students will be subject to all rules and regulations of the Facility and imposed by the Facility on its employees and agents with regard to following the administrative policies, standards, and practices of the Facility.

3. **Patient care.** While at the Facility, students are not to replace the Facility staff, and are not to render service except as identified for educational value and delineated in the jointly planned educational experiences. Any such direct contact between a student and a patient shall be under the proximate supervision of a member of the staff of the Facility. The Facility shall at all times remain responsible for patient care.

4. **Emergency treatment of students.** Emergency outpatient treatment will be available to students while in the hospital for clinical training in case of accident or illness. In case of emergency at a non-hospital site, standard procedure will be followed. It is the student's responsibility to bear the cost of the emergency treatment.

5. **Designation of liaison to School; communications relating to clinical placements.** The Facility shall designate a liaison responsible for coordinating the clinical placements and ensuring that all student clinical placements are under the supervision of a qualified Facility employee. That person shall maintain contact with the School's designated liaison person to assure mutual participation in and surveillance of the clinical program. The Facility shall notify the School in writing of any change or proposed change of the person(s) responsible for coordinating the clinical placements.

6. **Identity and credentials of Facility supervising personnel.** The Facility shall designate and submit in writing to the School, the name and professional and academic credentials of the individual(s) overseeing student(s) experiences.

7. **School tour of Facility.** The Facility shall, on reasonable request and subject to legal restrictions regarding patient health information, permit a tour of its clinical facilities and services available and other items pertaining to clinical learning experiences, by representatives of

the School and agencies charged with responsibility for approval of the facilities or accreditation of the curriculum.

8. Provision of relevant Facility policies. The Facility shall provide the student(s) and the School the Facility's administrative policies, standards and practices relevant to the clinical placement.

9. FERPA compliance. The Facility shall comply with the applicable provisions of the Family Educational Rights and Privacy Act of 1974, 20 USC 1232 (g), otherwise known as FERPA or the Buckley Amendment, and shall take all measures necessary to ensure the confidentiality of any and all information in its possession regarding the School's students who train at the Facility pursuant to this agreement. Accordingly, Facility agrees that it shall not disclose or redisclose personally identifiable information from any participating student's education record without the express permission of the student or as otherwise expressly permitted by FERPA and shall strictly limit its use of any such personally identifiable information from education records to the purpose for which the information was disclosed to Facility. The terms "personally identifiable information" and "education records" shall have the meanings ascribed to them in 34 CFR § 99.3.

10. OSHA training. Where applicable, the Facility shall provide students annual safety CBLs to ensure, among other things, OSHA compliance for prevention of transmission of blood borne pathogens and TB.

11. Facility Insurance. Unless otherwise specified in Exhibit C, the Facility shall provide and maintain general and professional liability insurance coverage in amounts of not less than ONE MILLION DOLLARS (\$1,000,000) per occurrence and THREE MILLION DOLLARS (\$3,000,000) in the aggregate for claims of bodily injury, property damage and professional liability, which shall include insuring itself and its agents and employees for their acts, failures to act, or negligence, rising out of, or caused by, the activity which is the subject of this Agreement. If a policy required under this section is written on a claims-made basis and that policy is replaced or renewed, any retroactive date must coincide with, or precede commencement of this Agreement. A claims-made policy that is replaced or not renewed must have an extended reporting period of not less than two (2) years. Evidence of coverage required herein shall be provided upon request.

C. OTHER RESPONSIBILITIES:

1. Compliance with patient privacy laws. The School agrees to abide by and require that its faculty and students abide by all applicable state and federal laws, rules and regulations regarding patient privacy, including but not limited to, the Standards for Privacy of Individually Identifiable Health Information as required under the Health Insurance Portability and Accountability Act (HIPAA). Students shall be required to comply with the Facility's policies and procedures regarding the confidentiality of patient information and the use of all such information. The parties will notify one another if there are known breaches of this confidentiality. If during the term of this Agreement, the Department of Health and Human Services, Office of Civil Rights or any other federal or state agency, court or administrative tribunal of competent jurisdiction

determines that the School or any other educational institution similar to the School is a Business Associate (“**Business Associate**”), as described in the federal privacy regulations, the parties shall enter into a Business Associate Agreement on mutually agreed terms and conditions through the remainder of the term of this Agreement; or, at its sole option and notwithstanding any other term or condition of this Agreement, may terminate this Agreement upon written notice to Facility in the event it is determined that School is a “Business Associate” as described in this Section.

2. Determination of instructional period. The course of instruction will cover a period of time as arranged between the School and the Facility. The beginning dates and length of experience shall be mutually agreed upon by the School and the Facility.

3. Determination of number of participating students. The number of students eligible to participate in the clinical placement will be determined and may be changed by mutual agreement of the parties. Notwithstanding the foregoing, the Facility and the School agree and understand that the availability of clinical placements at Facility during the term of this Agreement may periodically be affected by a variety of factors. In such event, Facility may reduce the number of students eligible to participate in the clinical education program with prior notice to the School and adequate time for the School to reassign the student(s) to another clinical site. The Facility agrees further to accommodate students of the School who are similarly displaced from other clinical affiliates of the School to the extent that clinical space is available at the Facility.

4. Evaluation of students’ clinical experiences. Evaluation of the clinical learning experiences of the students will be accomplished jointly by the School and the Facility. Appropriate School and the Facility staff will communicate on a regular basis for the purpose of reviewing and evaluating current clinical experiences offered to students.

5. Removal of students.

(a) The School has the right to remove a student from a clinical education program. The School shall notify the Facility of such removal in writing.

(b) The Facility may immediately remove any student participating in a clinical education program from the Facility’s premises for behavior that the Facility deems to be an immediate threat to the health or welfare of its patients, staff members, visitors, or operations. In such event, the Facility shall notify the School in writing of its actions and the reasons for its actions as soon as practicable. If the Facility desires to remove a student for any other reason, it shall notify the School in writing of the reasons for the removal and shall consult with the School before removing the student.

D. TERM OF AGREEMENT:

The term of this Agreement shall be for five (5) years, to commence on the date of the last signature at the end of this Agreement and will terminate at the end of the five-year period. Either party may terminate this Agreement at any time, with or without cause, upon ninety (90) days prior written notice to the other party. In the event that this Agreement is not renewed for a subsequent

term, students who are participating in the clinical learning experiences at the time of termination shall be allowed to complete such assignment under the terms and conditions herein set forth.

E. ADDITIONAL TERMS:

1. **Stipulations as to liability.** Subject to applicable state law, neither party to this Agreement shall be legally liable for the consequences, whether bodily injury or property damage, occasioned by an act, omission, or neglect chargeable to the other party. Where Worker's Compensation or other obligation for payment of benefits may arise, this Agreement shall neither enlarge nor diminish such obligation.
2. **Additional insurance coverage.** Any additional applicable insurance coverage requirements shall be set out by the parties in Exhibit C to this agreement.
3. **Qualifications of School faculty.** The School represents and warrants that relevant faculty members are appropriately certified and/or licensed. The School will provide the Facility with copies of evidence of certifications or licensures.
4. **Assignment of Agreement.** This Agreement may not be assigned without the prior written consent of the other party, which will not be unreasonably withheld.
5. **Entire Agreement.** This Agreement supersedes any and all other agreements, either oral or written, between the parties hereto with respect to the subject matter hereof. No changes or modifications of this Agreement shall be valid unless the same are in writing and signed by the parties. No waiver of any provisions of this Agreement shall be valid unless in writing and signed by the parties.
6. **Severability.** If any provision of this Agreement or the application thereof to any person or situation shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, and the application of such provision to persons or situations other than those to which it shall have been held invalid or unenforceable, shall not be affected thereby, but shall continue valid and enforceable to the fullest extent permitted by law.
7. **Non-Discrimination.** The parties hereto shall abide by the requirements of Executive Order 11246, 42 U.S.C. Section 2000d and the regulations thereto, as may be amended from time to time, the Illinois Human Rights Act, and the Rules and Regulations of the Illinois Department of Human Rights. There shall be no unlawful discrimination or treatment because of race, color, religion, sex, national origin, ancestry, military status, sexual orientation or disability in the employment, training, or promotion of students or personnel engaged in the performance of this Agreement.
8. **Employment status.** No assigned student or School faculty member under this Agreement shall in any way be considered an employee or agent of the Facility nor shall any such student or faculty member be entitled to any fringe benefits, Worker's Compensation, disability benefits or other rights normally afforded to employees of the Facility. No assigned Facility

employee under this Agreement shall in any way be considered an employee or agent of the School, nor shall any such employee be entitled to any fringe benefits, Worker's Compensation, disability benefits, or other rights normally afforded to employees or faculty members of the School.

9. Notice to Parties. Any notice, demand or request required or permitted to be given under the provisions of this Agreement shall be in writing and shall be deemed to have been duly given under the earlier of (a) the date actually received by the party in question, by whatever means and however addressed, or (b) the date sent by facsimile (receipt confirmed), or on the date of personal delivery, if delivered by hand, or on the date signed for if sent by an overnight delivery service, to the following addresses, or to such other address as either party may request, in the case of the School, by notifying the Facility, and in the case of the Facility, by notifying the School:

If to the Facility:

Memorial Health System
Organization Development
701 North First Street
Springfield, IL 62781
Attention: OD Program Facilitator
Facsimile: (217) 788-5539
Telephone: (217) 788-3645
Email: gronewold.elle@mhsil.com

If to the School:

See Exhibit B for Contact Information for Each Program.

or to such other addresses as the parties may specify in writing from time to time.

10. Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois, without regard to the conflict of laws provisions thereof.

11. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

12. No Third-Party Beneficiaries. This Agreement shall inure exclusively to the benefit of and be binding upon the parties hereto and their respective successors, assigns, executors and legal representatives. Nothing in this Agreement, expressed or implied, is intended to confer on any person other than the parties hereto or their respective successors and assigns any rights, remedies, obligations or liabilities under or by reason of this Agreement.

13. Agreement binding on parties successors and assigns. This Agreement shall be binding upon the School and the Facility, their successors, employees, agents and assigns, during the initial term of this Agreement and any extensions thereof.

14. Captions for reference only. The captions contained in this Agreement are for convenience of reference only and do not define, describe, or limit the scope or intent of this Agreement or any of its provisions.

15. Incident/Accident Investigation.

(a) Cooperation. In the event of the occurrence of any incident, claim, lawsuit, arbitration or other event (collectively, "Occurrence") involving any of the School's students, the School will fully cooperate with the Facility to conduct a prompt investigation of such Occurrence and will participate, as requested by the Facility, in any subsequent litigation, actions or proceedings involving or related to that Occurrence, or the adjudication of that Occurrence.

(b) Release of Information. The School agrees to release to the Facility any incident reports or other records relating to patient care, and any other experiences at the Facility involving any of the School's students, and the School agrees that such reports and records may be utilized by the Facility in any legal, administrative or regulatory proceedings which may affect the School, any of the School's students, the Facility or this Agreement, subject, however, to the provisions of all applicable state or federal laws, including the Family Educational Rights and Privacy Act of 1974.

16. Records Access. As and to the extent prescribed by applicable federal law, or as periodically requested by the Facility, the School agrees to allow the Comptroller General of the United States and the Department of Health and Human Services, and their duly authorized representatives, access to this Agreement, and the books, documents and records of the School which are related to the operation of the educational program encompassed by this Agreement, until the expiration of at least five (5) years after the termination of this Agreement.

17. Continuing Legal Compliance. If the Facility determines that any of the terms of this Agreement materially violate any state or federal law which, if enforced, would jeopardize the ability of the Facility to continue to participate in the Medicare and the Medicaid health care programs, or in any other federal or state health care programs, or would jeopardize the continued federal tax-exempt status of the Facility, or any entities which are affiliated with the Facility, or would result in the imposition of any excise taxes under federal income tax laws, or would potentially subject the Facility to any civil monetary penalties or criminal prosecution, then the parties agree to immediately endeavor to renegotiate terms which would result in the Facility being in appropriate legal compliance, in the Facility's opinion. If the parties are unable to timely agree on such terms, however, the Facility may terminate this Agreement by delivering at least a thirty (30) day notice to the School, subject, however, to the preceding provisions of Section D relating to the students' ability to complete their then current assignments.


18. **No Required Referrals.** This Agreement is to be strictly interpreted and construed so as to comply with all of the provisions of and the referral restrictions which are contained within the federal statutes and laws which are commonly referred to as the Medicare Fraud and Abuse or the Anti-Kickback Statute and The Ethics in Patient Referrals Act (collectively, the "Stark Laws"), and all of the rules and regulations promulgated pursuant to, and all of the cases or opinions interpreting, such statutes and laws, as well as any other state statutes or laws which may be applicable to the relationship between the parties created by this Agreement. As a consequence, the School is not being obligated or required to refer any patients to the Facility, or any affiliate of the Facility, to obtain or receive any medical diagnosis, care or treatment from the Facility, or to purchase any health care related services or products from the Facility. Neither the School nor the Facility is entering into this Agreement with an expectation that such patient referrals will occur or develop between the School and the Facility by virtue of this Agreement or the Facility's participation in the educational program which is encompassed by this Agreement.

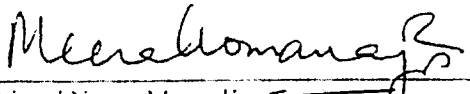
19. **No Compensation.** Neither party to this Agreement is paying the other party to this Agreement any compensation or other remuneration in connection with that party's participation pursuant to this Agreement in the educational program which is encompassed by this Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in their respective corporate names by duly authorized officers, all on the day and year first set forth above.

MEMORIAL HEALTH SYSTEM

THE BOARD OF TRUSTEES OF
SOUTHERN ILLINOIS UNIVERSITY
CARBONDALE


Printed Name: Aimee J. Allbritton, Ph.D.
Title: Vice President, Organization
Development and Chief Learning
Officer
Date: 8/31/18


Printed Name: Meera Komarraju
Title: Interim Provost and Vice Chancellor for
Academic Affairs, for Carlo Montemagno,
Chancellor Southern Illinois University Carbondale
Date: 7/25/18

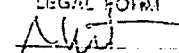
SU
APPROVED
AS TO
LEGAL FORM

5 July 2018

EXHIBIT A - FACILITY SITES

Please note that all facilities listed below may not be applicable for every rotation.

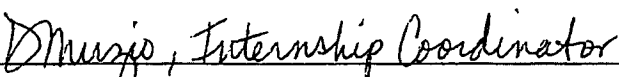
Memorial Medical Center
The Abraham Lincoln Memorial Hospital
Taylorville Memorial Hospital
Mental Health Centers of Central Illinois
Memorial Home Services, NFP
Memorial Home Services of Central Illinois
Memorial ExpressCare, LLC
Memorial Physician Services
The Passavant Memorial Area Hospital Association d/b/a Passavant Area Hospital

EXHIBIT B - LIST OF PROGRAMS

Rehabilitation Institute

Communication Disorders and Sciences

Review and Recommend:



Signature and Title


Contact Information:

Diane Muzio, Ph.D., Internship Coordinator
Rehabilitation Institute, Mail Code 4609
1025 Lincoln Drive
Carbondale, IL 62901

Phone: (618) 453-8262
Facsimile: (618) 453-5269
Email: dmuzio@siu.edu

Physician Assistant

Review and Recommend:



Signature and Title

Contact Information:

Don Diemer, DHSc, PA-C, Director
600 Agriculture Dr., Mail Code: 6516
Lindegren Hall 210
Carbondale, IL 62901

Phone: (618) 453-8850
Facsimile: (618) 453-8900
Email: ddiemer@siumed.edu

School of Allied Health

Health Care Management

Physical Therapist Assistant

Radiologic Sciences

Review and Recommend:

 7/6/18

Signature and Title

Contact Information:

Scott Collins, Director
ASA School of Allied Health
Mail Code: 6615
Carbondale, IL 62901

Phone: (618) 453-8860
Fax: (618) 453-7020
Email: kscollin@siu.edu

Kinesiology

Review and Recommend:

 Interim Dept. Chair 7/19/18

Signature and Title

Contact Information:

Philip M. Anton, Ph.D., Interim Department Chair
Department of Kinesiology
Mail Code: 4310
1075 South Normal Ave
Carbondale, IL 62901

Phone: (618) 453-3116
Fax: (618) 453-3329
Email: panton@siu.edu

EXHIBIT C
PROGRAM SPECIFIC REQUIREMENTS
(Each program shall have its own program specific requirement checklist)

Facility: Memorial Health System
 School: Southern Illinois University Carbondale
 Program: Rehabilitation Institute – Communication Disorders and Sciences

| Facility requires: | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Proof of student professional liability insurance (paragraph A.2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Verification that students have met requirements for: (paragraph A.4 and A.6.h) | | |
| a. Current CPR health care provider card | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Proof of Immunization (seasonal influenza (flu) vaccination; Hepatitis B vaccination; Measles, Mumps, and Rubella vaccination; Tuberculosis testing; and Varicella vaccine or history of Varicella) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. OSHA compliance for prevention of transmission of blood borne pathogens and TB | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Other _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Criminal background check (paragraph A.5) If yes, type of check _____ Per University/School | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Drug screen (paragraph A.5) If yes, type of screening _____ Per University/School | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Acceptance of faith-based provision addendum (if included) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Evidence of relevant faculties' certifications or licensures (paragraph E.3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Additional insurance coverage (paragraph E.2) If yes, type of insurance and coverage required _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Other _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

School requires:

| | | |
|---|--------------------------|--------------------------|
| 1. Copy of relevant Facility policies (paragraph B.8) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Evidence of academic credentials, certifications and licensures of individual(s) overseeing student(s) experiences (paragraph B.6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

EXHIBIT C
PROGRAM SPECIFIC REQUIREMENTS
 (Each program shall have its own program specific requirement checklist)

Facility: Memorial Health System
 School: Southern Illinois University Carbondale
 Program: Physical Assistant

| Facility requires: | Yes | No |
|--|--------------------------|--------------------------|
| 1. Proof of student professional liability insurance (paragraph A.2) | X | <input type="checkbox"/> |
| 2. Verification that students have met requirements for: (paragraph A.4 and A.6.h) | | |
| a. Current CPR health care provider card | X | <input type="checkbox"/> |
| b. Proof of Immunization (seasonal influenza (flu) vaccination; Hepatitis B vaccination; Measles, Mumps, and Rubella vaccination; Tuberculosis testing; and Varicella vaccine or history of Varicella) | X | <input type="checkbox"/> |
| c. OSHA compliance for prevention of transmission of blood borne pathogens and TB | X | <input type="checkbox"/> |
| d. Other _____ | <input type="checkbox"/> | X |
| 5. Criminal background check (paragraph A.5) If yes, type of check _____ Per University/School | X | <input type="checkbox"/> |
| 6. Drug screen (paragraph A.5) If yes, type of screening _____ Per University/School | X | <input type="checkbox"/> |
| 5. Acceptance of faith-based provision addendum (if included) | <input type="checkbox"/> | X |
| 6. Evidence of relevant faculties' certifications or licensures (paragraph E.3) | X | <input type="checkbox"/> |
| 7. Additional insurance coverage (paragraph E.2) If yes, type of insurance and coverage required _____ | <input type="checkbox"/> | X |
| 8. Other _____ | <input type="checkbox"/> | X |

School requires:

| | | |
|---|--------------------------|--------------------------|
| 2. Copy of relevant Facility policies (paragraph B.8) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Evidence of academic credentials, certifications and licensures of individual(s) overseeing student(s) experiences (paragraph B.6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

EXHIBIT C
PROGRAM SPECIFIC REQUIREMENTS
(Each program shall have its own program specific requirement checklist)

Facility: Memorial Health System
 School: Southern Illinois University Carbondale
 Program: School of Allied Health – Health Care Management, Physical Therapy Assistant,
 Radiologic Sciences

| Facility requires: | Yes | No |
|--|--------------------------|--------------------------|
| 1. Proof of student professional liability insurance (paragraph A.2) | X | <input type="checkbox"/> |
| 2. Verification that students have met requirements for: (paragraph A.4 and A.6.h) | | |
| a. Current CPR health care provider card | X | <input type="checkbox"/> |
| b. Proof of Immunization (seasonal influenza (flu) vaccination; Hepatitis B vaccination; Measles, Mumps, and Rubella vaccination; Tuberculosis testing; and Varicella vaccine or history of Varicella) | X | <input type="checkbox"/> |
| c. OSHA compliance for prevention of transmission of blood borne pathogens and TB | X | <input type="checkbox"/> |
| d. Other _____ | <input type="checkbox"/> | X |
| 7. Criminal background check (paragraph A.5) If yes, type of check _____ Per University/School | X | <input type="checkbox"/> |
| 8. Drug screen (paragraph A.5) If yes, type of screening _____ Per University/School | X | <input type="checkbox"/> |
| 5. Acceptance of faith-based provision addendum (if included) | <input type="checkbox"/> | X |
| 6. Evidence of relevant faculties' certifications or licensures (paragraph E.3) | X | <input type="checkbox"/> |
| 7. Additional insurance coverage (paragraph E.2) If yes, type of insurance and coverage required _____ | <input type="checkbox"/> | X |
| 8. Other _____ | <input type="checkbox"/> | X |

School requires:

| | | |
|---|--------------------------|--------------------------|
| 3. Copy of relevant Facility policies (paragraph B.8) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Evidence of academic credentials, certifications and licensures of individual(s) overseeing student(s) experiences (paragraph B.6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

EXHIBIT C
PROGRAM SPECIFIC REQUIREMENTS
(Each program shall have its own program specific requirement checklist)

Facility: Memorial Health System
School: Southern Illinois University Carbondale
Program: Kinesiology

| Facility requires: | Yes | No |
|--|--------------------------|--------------------------|
| 1. Proof of student professional liability insurance (paragraph A.2) | X | <input type="checkbox"/> |
| 2. Verification that students have met requirements for: (paragraph A.4 and A.6.h) | | |
| a. Current CPR health care provider card | X | <input type="checkbox"/> |
| b. Proof of Immunization (seasonal influenza (flu) vaccination; Hepatitis B vaccination; Measles, Mumps, and Rubella vaccination; Tuberculosis testing; and Varicella vaccine or history of Varicella) | X | <input type="checkbox"/> |
| c. OSHA compliance for prevention of transmission of blood borne pathogens and TB | X | <input type="checkbox"/> |
| d. Other _____ | <input type="checkbox"/> | X |
| 9. Criminal background check (paragraph A.5) If yes, type of check <u>Per University/School</u> | X | <input type="checkbox"/> |
| 10. Drug screen (paragraph A.5) If yes, type of screening <u>Per University/School</u> | X | <input type="checkbox"/> |
| 5. Acceptance of faith-based provision addendum (if included) | <input type="checkbox"/> | X |
| 6. Evidence of relevant faculties' certifications or licensures (paragraph E.3) | X | <input type="checkbox"/> |
| 7. Additional insurance coverage (paragraph E.2) If yes, type of insurance and coverage required _____ | <input type="checkbox"/> | X |
| 8. Other _____ | <input type="checkbox"/> | X |

School requires:

| | | |
|---|--------------------------|--------------------------|
| 4. Copy of relevant Facility policies (paragraph B.8) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Evidence of academic credentials, certifications and licensures of individual(s) overseeing student(s) experiences (paragraph B.6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

AMENDMENT 1

This Amendment is made and entered into by and between (i) MEMORIAL HEALTH SYSTEM, ("the Facility") and (ii) THE BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, by and on behalf of its School of Medicine ("the School"), who are collectively identified in this Amendment as the "Parties," in order to modify and revise, effective as of the date of the last signature at the end of this Amendment (the "Amendment Effective Date"), the Affiliation Agreement (the "Agreement"), which is dated as of the 23rd day of January, 2019 (the "Commencement Date"), in the following respects:

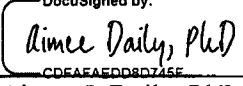
1. Exhibit A of the Agreement is deleted, and the attached Exhibit A is then substituted in replacement of the deleted Exhibit A.
2. Exhibit B of the Agreement is deleted, and the attached Exhibit B is then substituted in replacement of the deleted Exhibit B.
3. The attached Exhibit C shall be added to the Agreement.

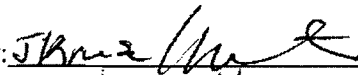
Except as and to the extent specifically amended and modified by this Amendment, however, the Agreement, as such Agreement exists on the Amendment Effective Date, including all of the amendments and modifications which preceded this Amendment, so long as such amendments and modifications are not inconsistent with the provisions of this Amendment, otherwise remains in full force and effect.

In witness whereof, the Parties to this Amendment, acting, where applicable, by and through their authorized representatives, respectively executed and then delivered this Amendment, on the Amendment Effective Date, in pursuance of the uses and purposes which are described and contained in this Amendment.

MEMORIAL HEALTH SYSTEM

THE BOARD OF TRUSTEES
OF SOUTHERN ILLINOIS UNIVERSITY

DocuSigned by:

 By: _____
 Name: Aimee J. Daily, PhD.
 Title: Senior Vice President and
 Chief Transformation Officer
 Date: 5/4/2021 10:00:13:23 EDT

By: 
 Name: Jerry Kruse, MD
 Title: Dean & Provost
 Date: 4/8/21

MHS CR 2161

Jennifer
Graham

DocuSign Envelope ID: 355E5448-BAC9-400D-98DB-82B01FF146CC

EXHIBIT A – FACILITY SITES

**Memorial Medical Center
The Abraham Lincoln Memorial Hospital
Taylorville Memorial Hospital
Mental Health Centers of Central Illinois
Memorial Home Services, NFP
Memorial Home Services of Central Illinois
Memorial ExpressCare, LLC
Memorial Physician Services
The Passavant Memorial Area Hospital Association d/b/a Passavant Area Hospital
Decatur Memorial Hospital**

EXHIBIT B – LIST OF PROGRAMS

**Medical Students
Physician Assistant**

**EXHIBIT C
PROGRAM SPECIFIC REQUIREMENTS**

(Each program shall have its own program specific requirement checklist)

Facility: Memorial Health System
 School: Southern Illinois University School of Medicine
 Program: Physician Assistant

| Facility requires: | Yes | No |
|--|--------------------------|--------------------------|
| 1. Proof of student professional liability insurance (paragraph A.2) | X | <input type="checkbox"/> |
| 2. Verification that students have met requirements for: (paragraph A.4 and A.6.h) | | |
| a. Current CPR health care provider card | X | <input type="checkbox"/> |
| b. Proof of Immunization (seasonal influenza (flu) vaccination; Hepatitis B vaccination; Measles, Mumps, and Rubella vaccination; Tuberculosis testing; and Varicella vaccine or history of Varicella) | X | <input type="checkbox"/> |
| c. OSHA compliance for prevention of transmission of blood borne pathogens and TB | X | <input type="checkbox"/> |
| d. Other _____ | <input type="checkbox"/> | X |
| 3. Criminal background check (paragraph A.5) If yes, type of check <u>Per University/School</u> | X | <input type="checkbox"/> |
| 4. Drug screen (paragraph A.5) If yes, type of screening <u>Per University/School</u> | X | <input type="checkbox"/> |
| 5. Acceptance of faith-based provision addendum (if included) | <input type="checkbox"/> | X |
| 6. Evidence of relevant faculties' certifications or licensures (paragraph E.3) | X | <input type="checkbox"/> |
| 7. Additional insurance coverage (paragraph E.2) If yes, type of insurance and coverage required _____ | <input type="checkbox"/> | X |
| 8. Other | <input type="checkbox"/> | X |

School requires:

| | | |
|---|--------------------------|--------------------------|
| 1. Copy of relevant Facility policies (paragraph B.8) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Evidence of academic credentials, certifications and licensures of individual(s) overseeing student(s) experiences (paragraph B.6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other | <input type="checkbox"/> | <input type="checkbox"/> |