

**Bethel University  
Physician Assistant Program  
Training Site Agreement**

This document acknowledges an agreement with this Facility/Office to provide training for Physician Assistant (PA) students. The goals and objectives of the rotation at the Facility/Office are defined in the individual rotation syllabi and program description. The overall goal is to improve the learner's individual diagnostic training, therapeutic knowledge, and clinical skills in the site's area of practice expertise. It is understood that:

1. The Bethel PA program takes responsibility for the educational medical foundation, appropriate pre-clinical training, and applicable medical clearance to prepare PA students to meet the scope of activities of clinical practice.
2. The Bethel PA program provides the **professional liability insurance coverage** for the PA student while training at the facility/office.
3. The Facility/Office will provide appropriate supervision, good patient populations, and well-maintained facilities/resources necessary to offer a quality educational patient care experience.
4. The PA student should not be compensated by the Facility/Office, and the PA student should not receive personal medical care by the supervising medical practitioner at the Facility/Office.
5. The Facility/Office will not bill for patients to third party payers for any unsupervised patient care services provided by the PA student.

The Bethel University PA program is optimistic that this rotation will provide a very worthwhile educational experience for the PA student. This agreement is effective as of July 13, 2016 and shall continue thereafter until terminated by either party upon (60) days written notice. For a complete and detailed affiliation agreement, PA Student Learner roles, and student credentialing information, please contact the Bethel PA program Director of Clinical Education. If the above correctly expresses the understanding of your institution, you should indicate your acceptance of the terms by signing, dating, and returning this agreement to the Bethel PA program office.

Sincerely;

*Wallace D Boeve, EdD, PA-C*

Wallace D. Boeve, EdD, PA-C  
Program Director, Physician Assistant Program  
Bethel University, St. Paul, MN

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

Agreed to and accepted by:

Facility: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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