NutraSourceDI Dietetic Internship
AFFILIATION AGREEMENT

This **Affiliation Agreement** (AGREEMENT) establishes the relationship between NutraSourceDI Dietetic Internship Program (NSDI), located at 101 Crawfords Corner Rd., Office 1325, Holmdel, NJ 07733 and _____ (ORGANIZATION) located at_____.

Purpose: The purpose of this AGREEMENT is to establish a relationship between NSDI and the ORGANIZATION in order to provide beneficial supervised dietetic experiences for NSDI Interns enrolled in its Distance Dietetic Internship Program (PROGRAM).

Terms: Therefore, in consideration of this AGREEMENT and the mutual promises contained herein, NSDI and the ORGANIZATION agree as follows:

I. RESPONSIBILITIES OF NSDI

1. NSDI will provide PROGRAM orientation to interns prior to the commencement of on-site supervised experiences at the ORGANIZATION. NSDI will also provide ongoing educational instruction according to the approved PROGRAM which includes, but is not limited to, ensuring all PROGRAM prerequisites have been met before beginning the supervised experience at the ORGANIZATION.

2. NSDI shall designate Faculty to provide the ORGANIZATION with the required learning experience objectives and assignments, and act as a liaison to facilitate communication and coordination of the intern's experiences at the ORGANIZATION.

3. NSDI shall require each intern to obtain and maintain Professional Liability Insurance covering all liability incurred by the intern that arises out of and during the course of each such intern's activities under the terms of this AGREEMENT, in the amount of One Million Dollars ($1,000,000) per incident, and Three Million Dollars ($3,000,000) in the aggregate. Upon request, each intern will provide evidence of such insurance to the ORGANIZATION.

4. NSDI requires all interns to sign a Confidentiality Statement prior to starting any supervised practice experience.

5. NSDI will require all interns to provide his or her own transportation, living expenses, or any other needed costs to complete the PROGRAM curriculum for each supervised experience.

6. For each intern, NSDI will: conduct background checks; obtain proof of own health and accident insurance; require physical exam and lab work coverage; and provide documentation to the ORGANIZATION upon request.

II. RESPONSIBILITIES OF THE ORGANIZATION

1. The ORGANIZATION will provide an orientation on the first day of the supervised experience for the intern to include facility tour, introduction to staff, and discuss pertinent policy and procedures of site.

2. The ORGANIZATION maintains adequate staff support to manage and coordinate the intern's supervised practice experiences as outlined in the NSDI curriculum and in accordance with the associated objectives. The intern will not be used as staff relief unless the supervised experience is specifically designed to provide the intern with an educational benefit.

3. The ORGANIZATION will determine the intern's work schedule for the duration of the supervised practice experience to complete all assignments, projects and requirements for said experience. The total hours of the supervised practice experience will meet the required hours determined by the specific curriculum.

4. The ORGANIZATION will designate a supervisor (preceptor) to ensure daily assignments are appropriate to the intern's needs, level of experience and proficiency, of adequate size and diversity to provide a well-rounded experience. The ORGANIZATION shall retain overall administration and accountability of the intern, verifying intern participation and performance, and will conduct evaluation requirements in accordance with the curriculum and experience. Completed NSDI evaluation and intern hours verification forms shall be forwarded to NSDI as described on each form.

5. The ORGANIZATION agrees to maintain all applicable accreditation requirements and certify such compliance to NSDI or other entity as requested by NSDI. The ORGANIZATION shall make every possible accommodation to NSDI's request for a site visit. In accordance with Program requirements, the ORGANIZATION agrees to allow an intern to attend meetings/seminars during the supervised practice experience.

6. The ORGANIZATION shall advise NSDI of any intern whose achievement, progress or adjustment fails to comply with Program standards and objectives. If, after consultation with Program Director, an acceptable resolution is not reached, the ORGANIZATION may request removal of the intern. The ORGANIZATION retains the right to immediately remove any intern whose actions are harmful and/or dangerous to the safety and well-being of the patients, clients, and staff.

7. The ORGANIZATION will provide interns with access to emergency medical services in the event of injury or illness during the supervised practice experience. Such treatment shall be at the expense of the intern treated. The ORGANIZATION assumes no financial responsibility for the medical care and treatment of interns.

III. MUTUAL RESPONSIBILITIES

1. The parties agree that neither will discriminate in the performance of this AGREEMENT against any individual on the basis of age, sex, race, color, religious belief, national origin, sexual preference, marital status, disability, political affiliation, or any other basis proscribed by such laws.

2. The parties require all interns to comply with the ORGANIZATION's confidentiality policy as evidenced by presenting a signed Confidentiality Statement to the ORGANIZATION's Preceptor on the first day of the PROGRAM.

3. The parties require interns to maintain the confidentiality of all other proprietary information regarding the ORGANIZATION's systems, patients/clients, and will not submit for publication any information or material relating to the supervised experience at the ORGANIZATION without prior written approval by both parties of this AGREEMENT.

4. The parties will instruct all interns to abide by the rules, regulations, policies and procedures, standards of conduct and dress code of the NSDI and the ORGANIZATION, as well as all applicable federal, state and local regulations and standards of accrediting bodies, throughout the supervised experience.

5. The parties shall comply with all federal, state, and local laws that are applicable to activities carried out under this AGREEMENT.

6. No party shall have any financial obligation to any other party resulting from or arising out of the provision of services, instruction, oversight, or facilities under this AGREEMENT.

7. The parties agree interns shall be treated as trainees and not considered employees. There is no expectation to provide compensation, benefits or future employment for the intern from the ORGANIZATION or NSDI.

8. The relationship between the parties to this AGREEMENT is that of independent contractors, and shall not be misconstrued to constitute a partnership, joint venture or any other relationship.

9. The parties of this AGREEMENT agree to indemnify and hold harmless the other party, together with the successors, assigns, directors, officers, employees, and any other person for whom each party may be legally responsible, from and against any loss, cost, claim, or expense (including reasonable attorney fees), arising from any act of negligence or other breach of duty by any person related to the party.

10. This AGREEMENT shall become effective as of the last date signed and shall remain in effect for a term of one (1) year from the effective date. This AGREEMENT will renew annually for the next five (5) years unless otherwise terminated by either party.

11. Either party may terminate this AGREEMENT upon thirty (30) days written notice to the other party. In the event of an immediate threat to the safety and/or well-being of the ORGANIZATION's patients, clients and/or staff related to the PROGRAM, either party may terminate this AGREEMENT.

12. The parties agree that no revision or modification of this AGREEMENT shall become effective or enforceable with respect to a party unless it is in writing and signed by both parties.

13. The parties acknowledge that this contract shall be construed and interpreted under the laws of the State of New Jersey.

IN WITNESS WHEREOF, the parties have by their duly authorized representative set forth their signature:

AFFILIATED ORGANIZATION

Name of Organization:_____

Authorized Signature:_____

Print Name/Title:_____

Date:_____

Address:_____

NUTRASOURCEDI DIETETIC INTERNSHIP PROGRAM

Authorized Signature:_____

Christa Brown, MS, RDN
NutraSourceDI Program Director

Date:_____

Address:_____