



Medical Laboratory Technology Program

Notice of Understanding

Student: _____

Nature of the Cooperating Laboratory Experience:

MLT Program or
 Phlebotomy Training

Name of Cooperating Laboratory: _____

Address: _____

City/State/Zip Code: _____

When signed by the appropriate parties, this *Notice of Understanding* indicates that Des Moines Area Community College (DMACC) and the Cooperating Laboratory, both being desirous of cooperating in a plan to provide educational experiences for Medical Laboratory Technology and Phlebotomy students, both mutually agree as follows:

Within the terms of this Notice, the **Cooperating Laboratory** will:

- Maintain the standards necessary for a medical laboratory as specified by applicable State and Federal guidelines
- Retain responsibility for overall supervision and delivery of patient care
- Make available to the student the clinical facilities of the institution including necessary procedure manuals, equipment, supplies and available instructional materials
- Allow personnel from the laboratory to provide basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, and to give other valuable assistance as needed
- Provide instruction that "mirrors" the basic training received in the on-campus DMACC MLT Laboratory and help the student develop basic medical laboratory or phlebotomy competencies at the specified target performance level
- Provide adequate staffing in the clinical areas so that no student will be expected to give service to patients in the Cooperating Laboratory apart from that rendered for its educational value as a part of the planned medical laboratory technology or phlebotomy curriculum

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- Provide liability coverage for the operation of its facility and to save and hold harmless DMACC for and against any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the Cooperating Laboratory
- Regard DMACC MLT students, when assigned for laboratory experience, as having the status of learners who will not replace employees at the Cooperating Laboratory
- Retain the right to restrict a student, faculty member, or other agent of the College from participating in the clinical laboratory or from the Cooperating Laboratory grounds for good cause shown

Within the terms of this Notice **DMACC** will:

- Offer courses related to Medical Laboratory Technology and Phlebotomy
- Provide qualified instructors who will plan and coordinate the didactic learning experiences of the students
- Provide guidelines for the experience in the Cooperating Laboratory
- Maintain an appropriate certificate of insurance stating that each student and faculty member, while performing the duties or services arising in performance of this Notice, shall have liability insurance
- Hold the Cooperating Laboratory harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program

Within the terms of this Notice the **Student** will:

- Abide by existing rules and regulations of the Cooperating Laboratory
- Maintain the confidentiality of patient records
- Provide proof of meeting the requirements for immunizations as specified by the Cooperating Laboratory

Signature of Cooperating Laboratory Supervisor Date

Signature of MLT Program Director Date