

**UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY
MEMORANDUM OF UNDERSTANDING FOR
STUDENT EXPERIENTIAL TRAINING**

I. Terms of Agreement

This Agreement (“Agreement”) is entered into this ____ day of _____ 20__ (“Effective Date”), between [Affiliation Site Name, Affiliation Site Address] (“Practice”) and University of Maryland School of Dentistry, 650 West Baltimore Street, Baltimore, MD 21201 (“Dental School”), an academic unit of the University of Maryland Baltimore, a public university that is part of the University System of Maryland, a public corporation and an instrumentality of the State of Maryland.

There will be no exchange of funds between the Practice and Dental School under this Agreement. Proposals or agreements for funded activities must be routed [through Coeus] for review and approval by the designated official in the UMB Office of Research and Development.

A cooperative relationship has been developed between the Practice and the Dental School for experiential training of (check all that apply) (“Experiential Rotation”):

- ☐ Pre-doctoral DDS
- ☐ Post graduate DDS students
- ☐ BS dental hygiene students
- ☐ MS dental hygiene students

A. The Dental School agrees:

1. To be responsible for the educational program of the Students assigned to the Practice and for selection and assignment of Students in accord with agreed upon schedules and work assignments.
2. To provide a certificate of professional liability insurance to the Practice upon request. The Dental School provides students enrolled in a Dental School program with professional liability insurance coverage applicable to their activities at the Practice within the scope of the Experiential Rotation. Limits are in the amount of \$2 Million per claim and \$6 Million aggregate, per policy year. The Dental School's policy covers students and Dental School faculty who are employees of the Dental School as well as individuals appointed by the Dental School to Dean’s Faculty who volunteer at or for the Dental School, with respect to clinical work undertaken in the course of student supervision as part of School-approved experiential education.
3. It will notify Students and faculty that proper conduct is required during the Experiential Rotation,” as governed by the rules and regulations of the Practice.

4. To notify its Students and faculty they are expected to keep confidential all of the Practice's protected health information and other information identified as confidential by the Practice.
5. To accept advisory responsibility for the Students in their respective programs.
6. To provide the Practice with a list of Students to be assigned to the Practice at least once each year, along with the Dental School's proposed training schedule.

B. The Practice agrees:

1. To designate a site supervisor to oversee and coordinate each Student's Experiential Rotation.
2. To provide clinical and applicable laboratory instruction and facilities to the Students during mutually agreeable Experiential Rotations.
3. To provide necessary orientation to the Practice, the Student's role and responsibilities, the administrative policies and procedures of the Practice, and other guidelines necessary to ensure proper conduct by the Student during the Experiential Rotation.
4. To maintain appropriate supervision of students during Experiential Rotation activity at the Practice.
5. To provide appropriate dental facilities and appropriate professional supervisors who will function as field instructors for the Students.
6. To retain full responsibility for the care of patients, the operation of the Practice, and all administrative functions relating thereto.
7. To develop and utilize a method of student evaluation appropriate for the Practice, in conjunction with the Dental School faculty.
8. To maintain professional liability insurance and general business liability insurance for the Practice.
9. If any Student is exposed to body fluids, as defined in Health-General Article, Annotated Code of Maryland, Section 18-338.1 ("the Section"), during the Experiential Rotation, the Practice will allow the exposed Student, as a health care provider, to request patient testing under the conditions set forth in the Section. With consent of the exposed Student, the Practice will promptly notify the Dental School Liaison of a body fluid exposure of Student and will work with Dental School Liaison to provide follow-up information needed for the exposed Student's health care plan. The Practice will be responsible for costs of donor patient's post-exposure counseling and testing.

C. The Dental School and the Practice mutually agree:

1. To develop acceptable schedules and work assignments, which will not interfere with the primary goals of the Practice or the Dental School.
2. To utilize performance evaluation criteria which are in accord with established and mutually agreeable organization policies. Examples of evaluation criteria may include professional working relationship with peers, supervisors and patients, communication with patients, quality of performance, promptness and personal appearance.
3. To an annual review of programs and policies.
4. The term of this Agreement is for a period of two (2) years, and automatically renews every year unless terminated earlier. Either party may terminate this agreement upon sixty days written notice to the other party. When practicable, termination will not affect the Students currently enrolled and participating in an Experiential Rotation at the Practice.
5. That Students and Dental School faculty will be advised not to represent themselves as, or be considered, employees of the Practice or of any of its affiliates.
6. If, for any reason, a student is unable to complete an Experiential Rotation or if the Practice determines, in its sole discretion, that it is not appropriate for a student to continue in the Experiential Rotation, the Student may be recalled to the Dental School after consultation between the Dental School and the Practice.
7. It is the responsibility of the Practice Supervisor to notify the Dental School should the assigned student not appear for a scheduled Experiential Rotation session.
8. To not discriminate because of race, color, creed, sex, sexual orientation, religion, handicapped condition or national origin.
9. Nothing in this Agreement shall be deemed or construed by the parties, or by any third party, as creating a relationship between Dental School and Affiliate as principal and agent.

II. Program Goals

A. DDS and Postgraduate DDS - The Experiential Rotation for Students is intended to:

1. Provide a training program with practical experience in the care and treatment of patients;
2. Expose Students to the provision of quality dental care to all patients in an extramural setting;
3. Teach Students how to work closely with other care givers in the management of patients, including medically compromised patients;
4. Teach Students how to interact with professional staff and support personnel involved in the overall care of the patient.

B. Dental Hygiene - The Community Service Learning Program for dental hygiene Students is intended to:

1. Expand the Student's awareness of dental hygiene career pathways in community health;
2. Enhance the Student's understanding of and ability to participate in the delivery of oral health care in the community;
3. Provide the opportunity for the Student's education to be enriched by the participation of community health professionals;
4. Teach Students how to render service to the community through the student's contribution to the oral health care delivery system.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Understanding for Student Experiential Training to be properly executed by their duly authorized officers, as of the day and year first above written.

FOR: The Practice

BY:

Signature: _____ Date: _____

Print Name & Title: _____

Address for Notices:

FOR: University of Maryland School of Dentistry:

Originator's Signature: _____ Date: _____

Print Name & Title: _____

Department: _____

University of Maryland School of Dentistry - Approval

BY:

Signature: _____ Date: _____

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