**FOX IN THE KITCHEN LLC:**

**GARDEN TO TABLE NUTRITION INTERNSHIP**

**AFFILIATION AGREEMENT**

**Overview:**

This Agreement is entered into between FOX IN THE KITCHEN LLC - GARDEN TO TABLE NUTRITION INTERNSHIP PROGRAM (“Sponsor”), located in Bothell, Washington, and (“Affiliated Institution”).

The Sponsor and the Affiliated Institution hereby agree:

**1. PURPOSE:** This agreement is to enable Dietetic Interns from the Sponsor to use the facilities of the Affiliated Institution to develop abilities through planned supervised experience, called supervised practice.

1. **AFFILIATED INSTITUTION OBLIGATIONS:**
   1. Provide a person who shall be responsible for coordinating the supervised practice of the Dietetic Intern with the Sponsor. In most cases this person will be the preceptor, or primary preceptor. Preceptors must submit copies of relevant professional credentials, CV or resume, and evidence of continuing education activities within the last 3 years.
   2. Give the Dietetic Intern the tools for success, including orienting them to the requirements of the facility, safety information/training, timely feedback when deficits are noticed, in order to allow the Dietetic Intern to improve.
   3. Complete evaluations (provided by Sponsor) regarding the Dietetic Intern (approximately once a month). Confirm number of supervised practice hours completed by the Dietetic Intern. Notify the Sponsor if Dietetic Intern has not completed scheduled hours, or if Dietetic Intern is late more than once.
   4. Communicate with Sponsor in the event that a Dietetic Intern’s behavior or skills indicate a problem that has not improved when feedback was provided, or when the problem endangers the Dietetic Intern’s success at the Affiliated Institution.
   5. Affiliated Institution reserves the right to terminate a Dietetic Intern for cause and/or require the Dietetic Intern to leave immediately if the Affiliated Institution believes that the Dietetic Intern’s presence is detrimental to patients, residents, clients, staff or visitors. In such case, the Affiliated Institution will immediately notify the Sponsor.
   6. In the event of an emergency, Affiliated Institution will provide, or cause to be provided, first aid. Expense for this care will be the responsibility of the Dietetic Intern. Affiliated Intuition will contact Sponsor and/or other emergency contacts designed in writing by the Dietetic Intern.
2. **SPONSOR’S OBLIGATIONS:**
   1. Be accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) to run a dietetic internship program and to maintain this accreditation throughout the term of the Agreement.
   2. Provide a person, generally the Internship Director, who shall be responsible for coordinating the supervised practice of the Dietetic Intern with the Affiliated Institution.
   3. Provide Dietetic Interns with a badge identifying them by name as a Dietetic Intern.
   4. Withdraw any Dietetic Intern from the Internship Program if they are likely to detrimentally impact the Affiliated Institution or their clients, or if the Dietetic Intern shows that they are likely not to complete the Internship Program successfully.
   5. Require Dietetic Intern to maintain professional liability insurance in the amount of at least $1,000,000 per occurrence and $3,000,000 aggregate and provide proof upon request.
   6. Require Dietetic Intern to maintain health insurance throughout their entire Dietetic Internship and provide proof upon request.
   7. Instruct Dietetic Intern to act in a professional manner, and adapt to expectations of Affiliated Institution. Including any background checks, training or any medical screening required by the Affiliated Institution, such as a negative TB test. These requirements will be at Dietetic Intern’s own expense and any documentation must be provided upon request.
   8. Communicable Disease – The Dietetic Intern will be required to follow Affiliated Institution’s communicable disease protocol, including vaccinations, if required, handwashing, masks, and rules regarding staying away from the workplace when contagious. If a Dietetic Intern develops a communicable disease shortly after starting a rotation, Affiliated Institution will be notified immediately.
   9. HIPAA training – Dietetic Intern will be trained in HIPAA compliance before beginning their first rotation (during orientation) and will complete Affiliated Institution HIPAA training before beginning any rotations, if required.
   10. Confidentiality – Dietetic Intern will be directed to respect and preserve proprietary and confidential information of the Affiliated Institution and its clients.

**4. JOINT OBLIGATIONS:** Both Sponsor and the Affiliated Institution agree as follows:

1. This agreement is not intended to create the relationship of agent, servant, employee, partnership, association or joint venture between Sponsor and Affiliated Institution. This is an agreement by and between independent contractors. Sponsor shall not be entitled to reimbursement of any kind.
2. The Dietetic Interns of the Internship Program are not employees of Affiliated Institution and they are not eligible for Worker’s Compensation in case of injury, unless a separate employment agreement exists between a specific Dietetic Intern and the Affiliated Institution.
3. Dietetic Interns are students, and as such, many of their educational records are protected by the Family Educational Rights and Privacy ACT (FERPA). Therefore, the student will need to provide permission before releasing any specific student data to a third party.

**5. AMENDMENTS:** This Agreement may be amended in writing and signed by an authorized representative of each party.

1. **TERM:** The term of this Agreement shall commence on the date of the last party to sign this Agreement and shall automatically renew each year unless either party asks for a change or to terminate, upon thirty (30) days written notice to the other party.

**7. CONTACTS:** Further communication may be sent by regular mail or email to:

Fox In The Kitchen LLC

Garden to Table Nutrition

4026 224th St SE #6

Bothell, WA 98021

Attention: Program Director

EMAIL sfox@gardentotablenutrition.com

**Affiliated Institution:**

ADDRESS:

EMAIL:

IN WITNESS WHEREFORE, each of the parties has caused its duly appointed representatives to execute this Agreement on its behalf. The individuals who sign this Agreement on behalf of the Affiliated Institution and Sponsor are below duly authorized to execute this Agreement on behalf of the respective entities.

**SIGNATURES**

**AFFILIATED INSTITUTION:**

Signature Date

Printed Name: Title:

**SPONSOR:** *Fox in the Kitchen LLC: Garden to Table Nutrition Internship*

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By: Susie Fox MS RD Date

Title: Program Director

Garden to Table Nutrition

sfox@gardentotablenutrition.com