

**Exhibit A**

**Program Participation Agreement**

This Program Participation Agreement (“Program Agreement”) is entered into as of **April 1, 2017** (the “Effective Date”) by and between Stanford Health Care - ValleyCare (“Hospital”) and **Chabot Las Positas Community College District** (“School”) and is an exhibit to and incorporated into a Clinical Education Agreement between Hospital and School dated April 1, 2017 (“Clinical Education Agreement”).

|   |  |
|---|--|
| <b><u>Chabot Registered Nursing Program</u></b><br>(“Program”):   |  |
| <b><u>Specific Program Requirements</u></b> (if any):   | The following items are included in the contract but specific language is required by the Board of Registered Nursing. |
| <p>WHEREAS, the parties desire to amend said contract to add the following requirements a stipulated by the Board of Registered Nursing Section 1427 © to Section II: SPECIFIC RESPONSIBILITY AND RIGHTS OF THE CLINICAL FACILITY</p> <ol style="list-style-type: none"> <li>(1) Assurance of the availability and appropriateness of the learning environment I relation to the program’s written objectives;</li> <li>(2) Provision for orientation of faculty and students;</li> <li>(3) A specification of the responsibility and authority of the facility’s staff as related to the program and to the educational experience of the students;</li> <li>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;</li> <li>(5) Provision for continuing communication between the facility and the program;</li> <li>(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</li> </ol> |  |
| <b><u>Specific Notice Requirements</u></b> (if different from notice contact identified in Section 17 of the Clinical Education Agreement):   | Attn:<br>Connie Telles, Nursing Program Director<br>25555 Hesperian Blvd.,<br>Hayward, 94545.                          |

The parties agree that they will comply with all terms and conditions of the governing Clinical Education Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed as of the Effective Date by their respective duly authorized officers.

**Chabot Las Positas Community College District**

**Stanford Health Care - ValleyCare**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: Lorenzo Legaspi

Print Name: **Gina Teeples**

Title: Vice Chancellor, Business Services

Title: **CNO**

Date:

Date:

## Exhibit B

### Program Participation Agreement

This Program Participation Agreement (“Program Agreement”) is entered into as of **November 14, 2016** (the “Effective Date”) by and between Stanford Health Care - ValleyCare (“Hospital”) and **Chabot Las Positas Community College District** (“School”) and is an exhibit to and incorporated into a Clinical Education Agreement between Hospital and School dated November 14, 2016 (“Clinical Education Agreement”).

|   |  |
|---|--|
| <b><u>Emergency Medical Services (Paramedic and EMT)</u></b> (“Program”):   |  |
| <b><u>Specific Program Requirements</u></b> (if any):   | The following items are included in the contract but specific language is required by the Commission on Accreditation of Allied Health Education Programs. |
| <p>WHEREAS, the parties desire to amend said contract to add the following requirements as stipulated by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) Section III A 2: Resources of the Clinical Affiliation</p> <p>For all affiliations, students must have access to adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered. The clinical/field experience/internship resources must ensure exposure to, and assessment and management of the following patients and conditions:</p> <ul style="list-style-type: none"><li>• adult trauma and medical emergencies</li><li>• airway management to include endotracheal intubation</li><li>• obstetrics to include obstetric patients with delivery and neonatal assessment and care</li><li>• pediatric trauma and medical emergencies including assessment and management</li><li>• Geriatric trauma and medical emergencies.</li></ul> |  |
| <b><u>Specific Notice Requirements</u></b> (if different from notice contact identified in Section 17 of the Clinical Education Agreement):   | Attn: Nan Ho<br>3000 Campus Hill Drive<br>Livermore, California 94551  |

The parties agree that they will comply with all terms and conditions of the governing Clinical Education Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed as of the Effective Date by their respective duly authorized officers.

**Chabot Las Positas Community College  
District**

**Stanford Health Care - ValleyCare**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: Lorenzo Legaspi

Print Name: **Gina Teeples**

Title: Vice Chancellor, Business Services

Title: **CNO**

Date:

Date: