

Tennessee Clinical Placement Partnership

Partnership Agreement between the Tennessee Clinical Placement Partnership and

Name of School or Clinical Facility

Purpose:

The purpose of this agreement is to identify the affiliation and working relationship of the partners, their close cooperation and shared rights and responsibilities. This partnership is characterized by mutual participation, joint interest and mutual respect where all partners benefit from the synergies of cooperation and the fruits of success.

General Understanding:

The Tennessee Clinical Placement Partnership (TCPP) was organized to improve the clinical placement capacity and educational process for preparing nurses and other healthcare professionals. The partnership fosters discussion among schools and healthcare organizations about clinical placement and practice, seeks standardization and streamlining of placement processes, and maintains open lines of communication among the partners. The Tennessee Clinical Placement SystemSM or TCPS is a collection of tools that are used to facilitate and expand clinical placement opportunities in healthcare organizations for schools of nursing and other allied healthcare professions.

The partners agree to the following:

1. Work together to maintain an environment of cooperation, collaboration and mutual respect as it pertains to the on-going success of the TCPP partnership.
2. Abide by the shared rights and responsibilities of all partners as enumerated in the General Partnership Bylaws [Attachment A], any regional bylaws, and the TCPS Access Fee and Use Policy [Attachment B].
3. The partnership is intended solely for the mutual benefit of its partners. There is no intention, express or otherwise, to create rights or interests for any parties or persons outside of this partnership.

By signing this partnership agreement both agencies agree to be active community partners and to abide by its terms. This Agreement is effective until withdrawn as outlined in the General Bylaws. This agreement does not replace any current or future Clinical Affiliation Agreements (CAA) between partner schools and clinical agencies.

FOR THE TCPP & TCPS:

FOR THE SCHOOL OR CLINICAL FACILITY:

Signature _____

Print Name _____

TCPS Program Director & Date

Title _____ Date _____

Select your desired partnership level:

Full Partner

Associate Partner (No PlacementPro Access)

Regional Partnership: Select your regional affiliation(s): More than one may be appropriate for your organization based upon your placement practices.

Middle
(Nashville)

West
(Memphis)

East
(Knoxville)

SouthEast
(Chattanooga)

Mid-West
(Jackson)

Upper Cumberland
(Cookeville/Crossville)

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For Office Use Only: Partner ID # _____

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