

GENESYS

EMS EDUCATION

Agency Sponsorship Agreement Form

Agency or Department Terms:

On behalf of _____, I, _____, have requested to enter into an Agency Sponsorship Agreement with the Genesys Regional Medical Center EMS Education Department, in order for my agency or department's employee, _____ to attend a Genesys EMS Program. I understand that this agreement constitutes a formal sponsorship between my department or agency and Genesys Regional Medical Center. I also understand that under this agreement my department or agency is financially responsible for all fees associated with the employee's attendance of this program, including, but not limited to tuition, ACLS, BLS, textbooks, and other fees or charges.

By my signature, as a duly authorized representative of _____, I agree to the terms of this agreement and understand that even should the employee drop the program, or be dropped by the education department for academic or disciplinary reasons; my agency or department will be required to make payments prorated to the point of official drop. I also understand that this Sponsorship cannot be revoked or released without the express written consent of the employee and Genesys Regional Medical Center. I also agree that should my agency or department default on this payment agreement, Genesys may seek relief from the debt by further collection attempts, including the placement of liens until such time as the debt is settled. I give my permission for this Sponsorship Agreement to be released to anyone that is deemed necessary by the EMS Education Department Manager to collect on this debt should it be defaulted.

Printed Name and Title

Signature

Date: _____

Employee Terms:

I, _____, have requested to enter into a Sponsorship Agreement with the Genesys Regional Medical Center EMS Education Department and the above mentioned agency or department, in order to allow me to attend a Genesys EMS Program. I understand that in order to graduate, I must meet all of the required education standards and have the balance of my tuition paid in full. I also give Genesys Regional Medical Center permission to release any and all records of my participation in this Program, whether verbal or written, including, but not limited to, attendance records, grades, progress reports and clinical rotation verification. I further understand that if my sponsoring agency or department defaults on this agreement, I will not graduate unless the debt is settled by the graduation date listed in the course syllabus. I also fully agree to all of the terms set forth in the Genesys Policies and Procedures handbook.

Student Signature

Date: _____