


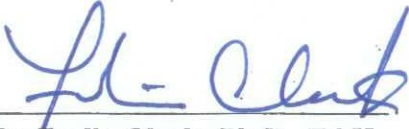
**AGREEMENT ACCEPTED BY:**

**FOR: BACONE COLLEGE:**  
2299 Old Bacone Road  
Muskogee, OK 74403



Shawn Dixon, M.Ed., RT(R)  
Program Director of Radiography  
Bacone College

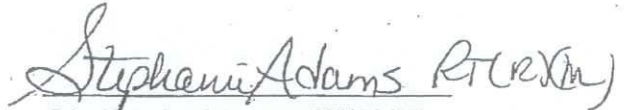
Date: 8-1-19



Dr. Ferlin Clark, Ph.D., Ed.M.,  
President  
Bacone College

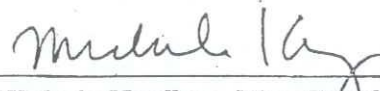
Date: 8.13.19

**FOR: Saint Francis Hospital Muskogee**  
300 Edna M. Rockefeller Drive  
Muskogee, OK 74401



Stephanie Adams, RT(R)(M)  
Imaging Manager  
Saint Francis Hospital Muskogee

Date: 4/1/19



Michele Keeling, Vice President -  
Administrator  
Saint Francis Hospital Muskogee

Date: 050719

RB

MODIFICATION TO

Affiliation Agreement ("the Agreement")

The undersigned parties agree to modify the Agreement, which is incorporated herein by reference, with respect to:

**Term.** The Agreement will terminate three (3) years from 5/1/19. There will be no auto-renewal. Either party may terminate the Agreement at any time with thirty (30) days written notice to the other, subject to completion of the current academic semester when notice was given.

**Background and Drug Screening:** For each Student assigned to HOSPITAL (Saint Francis Hospital Muskogee), under the Agreement, SCHOOL (Bacon College) or Student shall provide to HOSPITAL, verification of the following checks/tests:

- (1) criminal background check from any jurisdiction of residence for past 5 years; and
- (2) 10-panel drug screen as per Exhibit A.

General results from tests and checks for (1) and (2) above shall be provided to HOSPITAL'S Education Department, or as otherwise designated by SCHOOL.

If SCHOOL does not conduct the described checks/tests, or does not release information on Student to HOSPITAL for (1) and/or (2), SCHOOL shall require Students to submit to these checks/tests to HOSPITAL, or to its designee, at SCHOOL or Student expense prior to contact with the HOSPITAL'S personnel and patients.

The parties will confidentially discuss any adverse results for consideration of the Student's participation, but the HOSPITAL reserves the right to decline a Student's participation as its interests appear.

**Required Immunizations:**

- documentation of 2 MMR vaccines or proof of immunization by positive titer;
- current TB test or if tests positive for TB, negative CXR results within 5 years;
- Hep B series is not required but if student does not have proof of Hep B vaccine x3 or proof of immunization by positive titer, signed declination of series is required;
- Seasonal influenza vaccine or medical exemption from health care provider.

**Recommended Immunizations:**

- Tdap (which covers Pertussis) and Varicella to cover chicken pox.
- CDC recommended vaccines: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

The parties approve of this change by its authorized official(s):

**SCHOOL:**  
BACON COLLEGE

**HOSPITAL:**  
SAINT FRANCIS HOSPITAL MUSKOGEE

By: \_\_\_\_\_  
Authorized Official

By: Michele Keeling \_\_\_\_\_ **RB**  
Authorized Official

By: \_\_\_\_\_  
Authorized Official

By: MICHELE KEELING \_\_\_\_\_  
Authorized Official

Date: \_\_\_\_\_

Date: 050719

Exhibit A

10 Panel Drug Screen Requirements

1. Amphetamines
2. Cocaine Metabolite
3. Opiates
4. Phencyclidine (PCP)
5. Marijuana (THC) Metabolite (unless medical Marijuana certification provided)
6. Barbiturates
7. Benzodiazepines
8. Methadone
9. Methaqualone
10. Propoxyphene