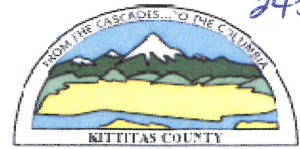


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Kittitas County  
Review Form  
Grants & Contract Agreement

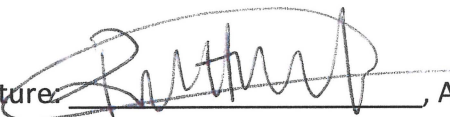


Today's Date 11/08/2013	Agenda Date
Fund/Department 116-Public Health	

**Contract/Grant Information**


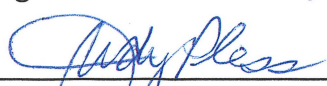
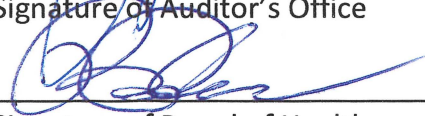
Contract /Grant Agency: Central Washington Family Medicine Residency Program	
Period Begin Date: 11/21/2013	Period End Date: 11/30/2018
Total Grant/Contract Amount: None	
Grant/Contract Number:	
Contract/Grant Summary: The Program Letter of Agreement between Central Washington Family Medicine Residency Program and Kittitas County Public Health Department is in place to provide guidance and responsibilities for supervising a resident while at the health department.	

**Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_**

Department Head Signature: 	Administrator	Date: 2/3/14
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**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

	1/3/14
Signature of Prosecutor's Office	Date
	1/6/14
Signature of Auditor's Office	Date
	1/30/14
Signature of Board of Health member	Date

**Financial Information**

Total Amount \$	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$	
	Explain	

Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

### Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

### Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

### Submitted

Signature:	Date:
Department:	

### Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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**Program Letter of Agreement  
between  
Central Washington Family Medicine Residency Program  
and  
Kittitas County Public Health Department**

This Letter of Agreement is entered into by and between the Central Washington Family Medicine Residency Program ("CWFMR") and **Kittitas County Public Health Department** ("Participating Site").

This Letter of Agreement is effective for five years beginning November 21, 2013, unless terminated by either CWFMR or Participating Site upon 18 months written notice, or upon mutual agreement.

**1. Persons Responsible for Education and Supervision**

The below mentioned people are responsible for the education and supervision of the residents while rotating at Participating Site:

- a. For CWFMR: Russell G. Maier, MD
- b. For Participating Site: Mark W. Larson, MD

Other volunteer faculty who will supervise residents include:

Liz Whitaker, Community Health Supervisor  
Holly Meyers, Environmental Health Supervisor

**2. Responsibilities**

The faculty at Participating Site must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME/AOA competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

### 3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME/AOA Residency Program Requirements, and include the following:

- a. Objectives: See Attached
- b. The duration(s) of the assignment(s) to Participating Site is (are): 2 - 4 half days per rotation, full time.
- c. In cooperation with the CWFMR Program Director/Designated Official, Participating Site Director and the faculty at Participating Site are responsible for the day-to-day activities of the residents to ensure that the rotation goals and objectives are met during the course of the educational experiences at Participating Site.

#### 4. Policies and Procedures that Govern Resident Education


- a. Residents are under the general direction of their CWFMR Program Director/DIO. Residents are expected to adhere to the policies and procedures applicable to graduate medical education, the Resident Contract, as well as applicable policies of Participating Site.
- b. Reimbursement & Compensation: CWFMR is solely responsible for the salaries and benefits of its residents and the Participating Site shall incur no costs associated with, or in connection with, the training of residents at the Participating Site.

## 5. Other Provisions

- a. Immunizations: CWFMR will ensure evaluation of residents' immune status with regard to current Centers for Disease Control and Prevention and OSHA/OSHA standards for health care workers. CWFMR will also give residents initial and annual tuberculosis screenings according to current CDC and OSHA/OSHA guidelines.
- b. HIPAA: CWFMR voluntarily provides its residents with training on the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Participating Site will provide additional training on its specific policies and procedures. Solely for HIPAA purposes, residents are defined as members of Participating Site's workforce for activities under this Agreement.
- c. Indemnification & Insurance: CWFMR provides claims made type Professional Liability Insurance for all residents which covers professional activities within the scope of the approved educational program.

SIGNATURES:

Russell G. Maier, MD Date 2/6/14  
 Program Director/Designated Institution Official  
 Central WA Family Medicine Residency Program  
 1806 West Lincoln Avenue, Yakima WA 98902  
 509-452-4946

 2/3/14

Signature Date

Robin H. Read

Printed Name

Public Health Administrator

Title