

INTERNATIONAL SCHOLAR PROGRAM MEMORANDUM OF AGREEMENT

THIS AGREEMENT is made between Nationwide Children's Hospital, Columbus, Ohio (NCH), a non-profit pediatric academic medical center which sponsors an International Scholar Program (the Program) and _____ (the Scholar).

WHEREAS the Scholar desires to participate in continuing education program at NCH as outlined on the International Scholar Program application; and

WHEREAS the Scholar has obtained a J-1 visa in order to be in the United States for a ____ period of time; and

WHEREAS, NCH's International Advisory Committee and the Division of _____ has approved the Scholar to participate in the Program in _____.

NOW THEREFORE, the Scholar agrees:

1. To have truthfully and accurately represented myself on the International Scholar Program application.
2. That I am not an employee of NCH and not entitled to receive health, worker's compensation, or any other benefits from NCH.
3. To pay for my travel, living, and other expenses incurred traveling to and from my country and remaining in the United States.
4. To obtain and maintain health insurance from _____ to cover medical expenses of me and any family members with me in the United States.
5. To only observe patient care and have no direct or incidental contact with patients and families at NCH.
6. To abide by NCH Medical Staff Bylaws, policies and procedures (including but not limited to Administrative, Patient-Family Care, Disaster, Personnel, Infection Control and Corporate Compliance) and to agree that infractions thereof may be justification for dismissal.
7. To abide by all rules and regulations regarding my J-1 visa and to agree to return to my country of origin on or before _____ when my visa expires.
8. To submit to a criminal background check, NCH drug testing, and a health screening through NCH Employee Health to be conducted at the start of my Program at NCH and to fulfill any requirements therein stipulated.

NOW THEREFORE, NCH agrees:

1. To accept the Scholar for the period beginning _____ and ending _____ for the Program.
2. To provide a quality program that meets the goals outlined on the Scholar's application.
3. To maintain an environment and access to resources that foster achievement of the Scholar's goals.
4. To provide the Scholar with a certificate if the Program has been satisfactorily completed. Such Certificate of Completion may not be used as evidence of participation in an approved graduate medical education or other clinical program.

SIGNATURES:

Nationwide Children's Hospital

[Scholar Signature]

[Scholar printed name]

Date: _____

[NCH representative name & title]

Date: _____