Affiliation Agreement Checklist

Check the box to affirm that the AA has appropriate language


☐ Is there a current or past agreement that can be renewed or a Master Agreement on file with Risk Mgmt.? https://www.wisconsin.edu/risk-management/manual/affiliation-agreements/list-of-agreements/

If you are not using the Uniform Affiliation Agreement or renewing an agreement, you must affirm each of the following:

☐ Correct University Name is listed. BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM doing business as the University of Wisconsin-_______________________________, (University).
  - Make sure the proper signing authority has been established.

☐ Agreement dates are clearly listed. (Preference is for a three to five year term).

☐ You have carefully reviewed the agreement, understand its terms, and the university (the department) can and will comply with it in all respects.

☐ Insurance/Indemnification language is:
  - The Uniform Affiliation Agreement language (is either present or can revise using this language), OR
  - Language approved by Risk Mgt. or Legal Affairs- (revise using insurance addendum language or language specified in an email)

☐ Indemnification language. The University can only indemnify to the extent permitted by law.
  Suggested language: The Facility and the University will indemnify their own employees, officers, and agents against liability for damages arising out of their activities while acting within the scope of their respective employment or agency, either by providing insurance or for political subdivisions of the State of Wisconsin pursuant to §§ 893.82 and 895.46.
  Any other language or specified limits of coverage must be approved by Risk Management or Legal Affairs.

☐ University cannot defend Facility or its employees. Delete language stating such.

☐ The agreement does not state the University, its students, or employees are “business associates” of the Agency for the purposes of HIPAA. The University will not assume responsibility for HIPAA Violations while the student is under the direction and control of the Facility. The Facility must instruct the students on the importance of adherence to HIPAA policies and procedures at the Facility. Delete language regarding business associates.

☐ The agreement does not say that students are considered employees of the University. The University does not cover students for workers compensation coverage. If workers compensation coverage for the student becomes a concern for the Facility, contact UW-System to discuss how to procure a policy; generally at the students expense. Delete language referring to the students as employees.

☐ Governing Law- The University cannot agree to submit to the jurisdiction of courts in another state. AA states the following:
  - States that the governing law is Wisconsin’s, OR
  - Does not mention governing law = the agreement is silent on governing law. Can delete language indicating another state to be “silent” on the law.
  - States “the University retains its rights to sovereign immunity under Wisconsin law.”

☐ Be aware of training obligations required by the agreement that the University must meet.
  - Communicating Facility policy training to the students must be done by the Facility preferably on the first day or before arrival.
  - Facility will be accountable for the student while under their direction and control AND the student must be acting within the scope of the agreement or Facility direction and control.

☐ Be aware of background check obligations required by the agreement. This should be clearly spelled out in the agreement as to who will be responsible. Ultimately, approval is the Facilities’ responsibility.

☐ Student will be required to drive a Facility vehicle. The Facility should furnish a vehicle if driving is a requirement. The University will not cover student automobile insurance for Facility vehicle or students personal use.

☐ The Facility requires proof of specific drug screens/vaccinations. Avoid taking any direct (financial or otherwise) responsibility for these items. Exclude this language or indicate that the student attest to the required drug screens or vaccinations directly to the Facility. OR

☐ Dept. complies with Facility request to perform drug screens/vaccinations.