

## Request to Resume Educational Rotation

As of the date last written below \_\_\_\_\_ (“School”) and the student signing and printing their name below (“Resident”) formally request to resume Resident’s educational rotations (“Rotations”) at RCHP-Billings-Missoula LLC d/b/a Community Medical Center (“Facility”).

WHEREAS, Facility and School are parties to an Affiliation Agreement dated effective as of \_\_\_\_\_, that establishes the parties’ obligations with respect to Rotations within the Facility; and

WHEREAS, the parties suspended Rotations on the \_\_\_\_\_ day of \_\_\_\_\_, 2020 in light of the national emergency caused by COVID-19; and

WHEREAS, School and Resident request to resume Rotations for the benefit of School and its Resident;

IT IS ACKNOWLEDGED THAT:

- (1) As of the date of the signing of this document, the COVID-19 crisis continues;
- (2) Facility has followed and continues to follow COVID-19 related guidance from local, state and federal authorities;
- (3) Guidance from these authorities continues to evolve;
- (4) Notwithstanding Facility’s attention to said guidance, the course and scope of COVID-19’s impact on patients, employees, community members and communities remains uncertain;
- (5) School has made the determination that it is safe for its residents to resume their Rotations;
- (6) In resuming Rotations at Facility, School and Resident agree to abide by all of Facility’s safety precautions and guidance associated with the Facility’s response to COVID-19;
- (7) As safety precautions and guidance may change, School and Resident agree to abide by said changes; and
- (8) School and Resident assume the risk of resuming Resident’s educational rotations during the COVID-19 crisis.

\_\_\_\_\_  
School Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident – Signature

\_\_\_\_\_  
Resident – Print Full Name

\_\_\_\_\_  
Date