

STATE OF TEXAS

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COUNTY OF FORT BEND

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**AFFILIATION AND PROGRAM AGREEMENT FOR COURSE EXPERIENCE
CLEVELAND STATE UNIVERSITY FORENSIC NURSING ROTATION**

This Affiliation and Program Agreement for Course Experience (hereinafter “Agreement”) is entered into by Fort Bend County, a body corporate and politic under the laws of the State of Texas, (hereinafter “County”) on behalf of the Fort Bend County Medical Examiner’s Office, and Cleveland State University College of Health, (hereinafter “College”), a member of the Cleveland State University, a state supported university and instrumentality of the State of Ohio established pursuant to Ohio Revised Code Section 3345, on behalf of Cleveland State University School of Nursing (hereinafter “School”). County and College shall be known collectively as “the Parties” and singularly as “Party.”

RECITALS

WHEREAS, College offers a Forensic Nursing course and desires to have its students perform components of their applied practice experience (hereinafter “Program”) at County; and

WHEREAS, County operates facilities located at 3840 Bamore Rd., in the city of Rosenberg, State of Texas (hereinafter “Facility” or “Facilities”), and is willing to make facilities available to qualified students (hereinafter “Student(s)” or “Resident(s)”) who will be supervised by County staff; and

WHEREAS, both Parties hereto recognize that, in the performance of this Agreement, the greatest benefits will be derived by promoting the interests of both parties, and each party does, therefore enter into this Agreement with the intention of loyally cooperating with each other in carrying out the terms of this Agreement; and

WHEREAS, this Agreement serves the general health and well-being of the community and therefore serves a public purpose; and

WHEREAS, the governing bodies of County and College have duly authorized this Agreement.

NOW, THEREFORE, for and in consideration of the mutual promises, obligations, and benefits hereinafter set forth, the County and College hereby agree as follows:

A. OBLIGATIONS OF PARTIES

1. Both parties will share in the education process.
2. Both parties agree that this Agreement confers no financial obligation on either party.
3. Both parties agree that nothing in this Agreement is construed as transferring responsibility from one Party to another.
4. Both parties agree that participation in the Program is gratuitous and voluntary.
5. Both parties agree that at no time will Students, College’s faculty, or College be considered employees, agents, or servants of County and therefore will not be eligible to receive payment for services rendered, replace a County employee or possess authority to enter any form of agreement, binding or otherwise, on behalf of County. At no time will College, faculty, or Students be eligible for the fringe benefits, such as retirement, insurance and worker’s

- compensation, which County provides its employees.
6. Both parties agree that they will not discriminate against any person because of race, religion, color, gender, sexual orientation, national origin, age, disability, special disabled veteran's status, or any other protected status. Should either Party be given actual or constructive notice of discrimination, harassment, or retaliation on the basis of any of these protected classes, the Parties will cooperate in an investigation to ascertain the facts; stop the discriminatory, harassing, or retaliatory conduct; remedy the effects of such conduct; and prevent the recurrence of such conduct. College takes responsibility for training its students on its nondiscrimination policies and grievance procedures, and County takes responsibility for training its employees on its nondiscrimination policies and grievance procedures.
 7. Without limitation of any provision set forth in this Agreement, Parties expressly agree to abide by all applicable federal and/or state equal employment opportunity statutes, rules, and regulations.
 8. Both parties mutually agree that the number of Students participating in the Program will be arranged jointly, with due consideration given to the clinical material available.
 9. Both parties agree that County shall have the right to refuse to allow Students who are not judged to have requisite skills, attitudes, or previous training for proper provision of assigned tasks to participate in activities at Facility.

B. OBLIGATIONS OF COUNTY

1. County will provide "hands on" learning experience, under proper supervision, in accordance with agreed upon learning objectives, skill development areas, and intended learning outcomes, at levels County determines to be appropriate based on the knowledge and training of the Student. Additional information regarding the Fort Bend County Forensic Nursing Rotation can be found in Exhibit A attached to this Agreement.
2. County will establish a timetable for each student based on the schedule provided by College under C.1 below.
3. County retains responsibility and decision-making authority for all aspects of County services and functions, including patient care.
4. All methods, techniques, and procedures initiated and/or performed by Student must be done with prior approval, by appropriate County Medical Examiner's Office personnel. Student will not have independent authority.
5. County shall assign a qualified supervisor to work with all Students and act as a liaison with the College.
6. County shall provide Students with information regarding policies and procedures of County, and with orientation experience to ensure that Students will be able to meet the requirements of the Program.
7. In the event a Student is exposed to an infectious or environmental hazard or other occupational injury (i.e., needle stick) while at County, County, upon notice of such incident from the Student, will provide such emergency care as is provided to its employees, including, where applicable: examination and evaluation at County's emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of Hepatitis B, Hepatitis C, and/or HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that County does not have the resources to provide such emergency care, County will refer such Student to the nearest emergency facility. Student bears responsibility for the cost of such care as well as any follow-up care.
8. County shall provide an atmosphere for learning that is supportive and free of discrimination based on race, ethnicity, religion, gender, disability, or sexual preference.
9. County shall provide Students with essential conditions and material for their work,

- including space, privacy, and technological supports.
10. County reserves the right to refuse participation of any Student designated by College and to terminate participation by any Student when, in the sole opinion of the County: (i) the Student is deemed to be a risk to the County's employees, or to himself or herself, (ii) the Student fails to meet or abide by the rules, regulations, policies and procedures of the County, (iii) the Student's conduct is detrimental to the business or reputation of the County, (iv) the Student fails to accept or comply with the direction of County staff, or (v) further participation by the Student would be inappropriate. College shall comply with County's request to remove a Student(s) in the event that County determines that there is cause to do so.
 11. The County representative for the Program is:

Stephen Pustilnik, M.D.
Chief Medical Examiner
Stephen.Pustilnik@fortbendcountytx.go
v 832-471-4000

C. RESPONSIBILITIES OF COLLEGE

1. College will establish Course and Practicum Description, including guidelines for Student eligibility, the provision of classroom theory and practical instruction, and ensure that all Students meet eligibility requirements prior to Program participation.
2. College shall assign only the number of Students mutually agreed upon by County and College.
3. College shall acquaint the designated County representative and staff with the goals, objectives, methods, and specific expectations of College.
4. College will provide full library access on College campus and online for Chief Medical Examiner, Deputy Chief Medical Examiner, and all Deputy Medical Examiners.
5. College will designate a representative or faculty advisor who is available to assist County personnel and Students of the Program and who will be responsible to maintain on-going contact with Facility's designated representative.
College designated representative or faculty advisor for the Program is:

Name: Tamia Stout
Title: Placement Specialist
Address: 2121 Euclid Avenue
Cleveland, Ohio 44115-2214
Phone: (216) 474-0662
Email: tamia.stout@onlinelearning@csuohio.edu

6. College shall inform County in a timely manner of any changes in the information listed above. College shall inform any designated representative or faculty and Students about their obligation to adhere strictly to all applicable administrative policies, rules, standards, schedules, and practices of County.
7. College shall notify County as soon as possible of the names and arrival dates of Students.
8. When requested by County, College shall require Students to attend clinical orientation.
9. College will inform Students about their obligation to maintain confidentiality of all County matters, proceedings, and information to the extent required by law, including but not limited to client records and information. This confidentiality shall extend beyond the termination of this Agreement.
10. College will require that Students provide to County a completed:

- a. Student Confidentiality Agreement,
- b. Acknowledgement of Risk, Release and Waiver of Liability, and
- c. Student Participation Form.

All of which are attached to this Agreement as Exhibit B: Required Documents.

11. College shall, upon receipt of notice, inform County of any adverse circumstances to which County may be exposed as a result of the behaviors deemed to be dangerous of a Student.
12. College shall, upon receipt of notice, notify County of any complaint, claim, investigation, or lawsuit involving a Student if that action is related to the educational experiences provided under this Agreement, or if that action could reasonably impact the Program.
13. College will adhere to County communicable disease reporting requirements.
14. College will assure County of Student's reasonable proficiency of infectious disease control issues.
15. College shall notify Students about their obligation to comply with County policies and procedures, state law, and OSHA borne and tuberculosis pathogen regulations in the training, vaccination testing, prevention, and post-exposure treatment of Students, where applicable in the performance of duties required by County.
16. College shall require Students to provide to the County such results for drug testing, health care, and criminal background checks prior to Student participation in the Program including proof of a:
 - a. PPD test (commonly referred to as a TB test);
 - b. HBV vaccine or signed refusal;
 - c. Current influenza vaccination;
 - d. Any other immunizations as required by laws;
 - e. Training on OSHA (provided by County) and tuberculosis guidelines; and
 - f. Current BLS Provider card.
17. College understands and agrees that Student will be responsible for their own transportation, meals, and health care needs in the performance of this Agreement.
18. College will be responsible for the final evaluation of Student.
19. College shall inform County in a timely manner of any change in Student(s) status, or curriculum, or faculty advisor during participation in Program.
20. Visits by College and College's faculty are welcome for purposes of observation of Student with prior notification to County.
21. College will confer the academic title of "Clinical Assistant Professor" with the College to Chief Medical Examiner, Deputy Chief Medical Examiner, and all Deputy Medical Examiners.

D. INSURANCE

Cleveland State University will provide for its entities and employees the following: (A) general liability insurance of not less than \$1 million coverage; (B) directors and officers insurance of not less than \$1 million coverage; (C) workers' compensation coverage at statutory limits; and (D) professional liability insurance of not less than \$1 million per occurrence and \$3 million aggregate. Cleveland State University will provide the same professional liability insurance for its students. Upon request, University will provide certificates of insurance or other documents evidencing the insurance coverage.

E. TERM AND TERMINATION

1. This Agreement shall become effective upon execution by all the parties and will continue

in full force until May 31, 2031, unless terminated sooner in accordance with the terms herein.

2. Thereafter, the Agreement shall automatically renew for one year terms, not to exceed a period of five (5) years, unless otherwise terminated sooner as hereinafter provided.
3. Termination may occur on behalf of either party without cause upon the giving of ninety (90) days written notice to the other party in the manner and form provided for herein.
4. In the event that the Agreement is terminated, County may at, its own discretion, permit any participating Student to complete the Program.

F. MISCELLANEOUS TERMS

1. Student will be responsible for their own transportation and meals in the performance of this Agreement.
2. College will require Students to be properly attired when reporting for clinical experience.
3. College is responsible for the administrative functions related to the Student's experience including rotation, attendance, knowledge of infectious control issues and proficiency.
4. College will provide relevant background information on Students as requested by the County to the extent permitted by law.
5. College will instruct their Students and faculty to respect the confidential nature of all information which they may obtain from clients and records of the County.
6. **HIPAA.** The parties agree that College shall direct faculty and Students to comply with the policies and procedures of County, including those governing the use and disclosure of individually identifiable health information under federal law, specifically the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated hereunder, including without limitation, the federal privacy regulations contained in 45 CFR parts 160-164 ("Federal Privacy Regulations," "Federal Security Regulations," and "Federal Electronic Transaction Regulations"), as applicable and all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements"). Solely for the purpose of defining their role in relation to the use and disclosure of protected health information, such students are defined as members of County's workforce, as that term is defined by 45 CFR 160.105, when engaged in activities pursuant to this Agreement. However, neither Students nor faculty are or shall be considered to be employees of County for any other purpose.
7. The parties may not amend or waive this Agreement, except by a written agreement executed by both parties.
8. **RIGHTS AND REMEDIES.** The rights and remedies of the parties set forth in this Agreement are not exclusive of, but are cumulative to, any rights or remedies now or subsequently existing at law, in equity, or by statute.
9. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this Agreement, and no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition.
10. All documents, data, reports, research, graphic presentation materials, etc., developed by College as a part of its work under this Agreement, shall become the property of County upon completion of this Agreement, or in the event of termination or cancellation thereof. Any materials developed prior to work under this Agreement shall remain the property of College. College shall promptly furnish all such data and material to County on request.
11. **RIGHT TO INSPECT.** College will permit County, or any duly authorized agent of County, to inspect and examine the books and records of College for the purpose of verifying the amount of work performed under the Scope of Services. County's right to inspect survives the termination of this Agreement for a period of four years.

12. **BREACH BY STUDENT.** College agrees that a Student's breach of County's policies concerning confidentiality shall be grounds for County to dismiss the Student from the rotation at County facilities.
13. **COMPLIANCE WITH APPLICABLE LAWS.** College shall comply with all applicable federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Workers' Compensation laws, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations.
14. **FERPA.** For purposes of the Family Educational Rights and Privacy Act ("FERPA"), College hereby designates County as a school official with a legitimate educational interest in any education records (as defined in FERPA) that County is required to create, access, receive, or maintain in order to fulfill its obligations under this Agreement. County shall comply with FERPA as to any such education records and is prohibited from redisclosure of the education records except as provided for in this Agreement or otherwise authorized by FERPA or College in writing. County is only permitted to use the education records for the purpose of fulfilling its obligations under this Agreement and shall restrict disclosure of the education records solely to those employees, subcontractors or agents who have a need to access the education records for such purpose. County shall require any such subcontractors or agents to comply with the same restrictions and obligations imposed on County in this Section, including without limitation, the prohibition on redisclosure. County shall implement and maintain reasonable administrative, technical, and physical safeguards to secure the education records from unauthorized access, disclosure or use.

G. NOTICE

Any and all notices or communications required or permitted under this Agreement shall be delivered in person or mailed, certified mail, return receipt requested as follows:

- | | |
|----------------|--|
| If to COUNTY: | Fort Bend County
Attn: County Judge
401 Jackson Street, 1 st Floor
Richmond, Texas 77469 |
| With copy to: | Stephen Pustilnik, M.D.
Chief Medical Examiner
3840 Bamore Road
Rosenberg, Texas 77471 |
| If to College: | Cleveland State University College of Health
School of Nursing
2121 Euclid Avenue, College of Health 116
Cleveland, Ohio 44115-2214
Phone: (216) 687-3598
Email: csuschoolofnursing@csuohio.edu |
| With copy to: | Cleveland State University
Office of General Counsel
2121 Euclid Avenue
Cleveland, Ohio 44115-2214 |

Either Party may change the address for notification by submitting written notice of same to the other.

I. CONFIDENTIAL AND PROPRIETARY INFORMATION

1. College acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to County. Any and all information of any form obtained by College or its employees or agents from County in the performance of this Agreement shall be deemed to be confidential information of County ("Confidential Information"). Any reports or other documents or items (including software) that result from the use of the Confidential Information by College shall be treated with respect to confidentiality in the same manner as the Confidential Information. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by College) publicly known or is contained in a publicly available document; (b) is rightfully in College's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of College who can be shown to have had no access to the Confidential Information.
2. College agrees to hold Confidential Information in strict confidence, using at least the same degree of care that College uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever other than the provision of Services to County hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. College shall use its best efforts to assist County in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limitation of the foregoing, College shall advise County immediately in the event College learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and College will at its expense cooperate with County in seeking injunctive or other equitable relief in the name of County or College against any such person. College agrees that, except as directed by County or as required by applicable laws or regulations, College will not at any time during or after the term of this Agreement disclose, directly or indirectly, any Confidential Information to any person, and that upon termination of this Agreement or at County's request, College will promptly turn over to County all documents, papers, and other matter in College's possession which embody Confidential Information.
3. College acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, will give rise to irreparable injury to County that is inadequately compensable in damages. Accordingly, County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. College acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of County and are reasonable in scope and content. Notwithstanding anything to the contrary contained herein, College has not and shall not be deemed to have waived its or the State of Texas' sovereign immunity.
4. College agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.
5. Each party expressly acknowledges that the other party is subject to the **Texas Public Information Act**, TEX. GOV'T CODE ANN. §§ 552.001 *et seq.*, as amended, in responding to any request for public information pertaining to this Agreement, as well as disclosure of information required by applicable Texas law, and notwithstanding any provision in the Agreement to the contrary, each party will make any information related to the Agreement, or otherwise, available to the other party and to third parties in accordance with the Texas

Public Information Act. Any proprietary or confidential information marked as such provided to a party by the other party shall not be disclosed to any third party, except as directed by the Texas Attorney General in response to a request for such under the Texas Public Information Act, which provides for notice to the owner of such marked information and the opportunity for the owner of such information to notify the Attorney General of the reasons why such information should not be disclosed. The terms and conditions of the Agreement are not proprietary or confidential information. County acknowledges that College may be required to post a copy of the fully executed Agreement on its Internet website in compliance with Section 2261.253(a)(1), Texas Government Code. The requirements of Subchapter J, Chapter 552, Texas Government Code, may apply to this Agreement and County agrees that this Agreement can be terminated if County knowingly or intentionally fails to comply with a requirement of that subchapter. The parties further understand and agree that confidentiality obligations are subject to applicable law including but not limited to the Ohio Public Records Act, and that disclosure of records pursuant to the Ohio Public Records Act is not a breach of contract.

6. College agrees to obtain prior written consent of County for publication of any articles relating to the clinical experiences occurring at County. Each Party acknowledges that all rights in any trademarks, service marks, slogans, logos, designs, and other similar means of distinction associated with that Party (its "Marks"), including all goodwill pertaining to the Marks, are the sole property of that Party. Neither Party may use the Marks of the other without the advance written consent of that Party, except that each Party may use the name of the other Party in factual statements that, in context, are not misleading.

J. ASSIGNMENT AND DELEGATION

1. Neither party may assign any of its rights under this Agreement, except with the prior written consent of the other party. That party shall not unreasonably withhold its consent. All assignments of rights are prohibited under this subsection, whether they are voluntarily or involuntarily, by merger, consolidation, dissolution, operation of law, or any other manner.
2. Neither party may delegate any performance under this Agreement. Any purported delegation of performance in violation of this Section is void.

K. SEVERABILITY

If any provision of this Agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions remain in full force, if the essential terms and conditions of this Agreement for each party remain valid, binding, and enforceable.

L. PUBLICITY

Contact with citizens of Fort Bend County, media outlets, or governmental agencies shall be the sole responsibility of County. Under no circumstances whatsoever, shall College release any material or information developed or received in the performance of a Student rotation hereunder without the express written permission of County, except where required to do so by law.

M. CAPTIONS

The section captions used in this Agreement are for convenience of reference only and do not affect the interpretation or construction of this Agreement.

N. CONFLICT

In the event there is a conflict between this Agreement and the attached exhibit(s), this Agreement controls.

O. ENTIRE AGREEMENT

It is understood and agreed to by the parties that the entire Agreement of the parties is contained herein and in any exhibit or attachment identified in Agreement. It is further understood and agreed that this Agreement supersedes all prior communications and negotiations between the parties, oral or written, relating to the subject matter hereof as well as any previous Agreements presently in effect between the parties relating to the subject matter hereof.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

[EXECUTION PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties have executed this Agreement as indicated below. The Parties to this Agreement agree that any electronic and/or digital signatures of the Parties included in this Agreement are intended to authenticate this writing and shall have the same force and effect as the use of manual signatures.

FORT BEND COUNTY

By: _____
Daniel Wong, County Judge

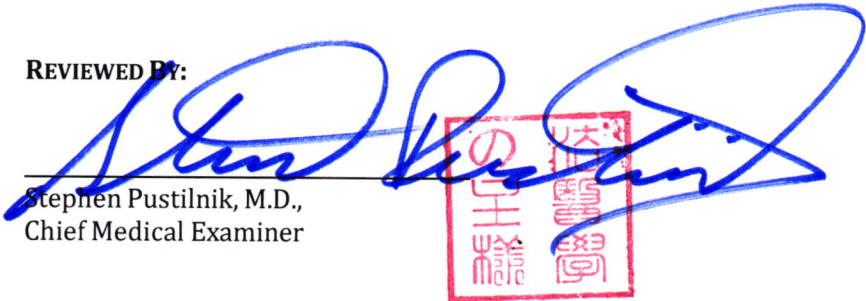
Date: _____

ATTEST:

Laura Richard, County Clerk

REVIEWED BY:

Stephen Pustilnik, M.D.,
Chief Medical Examiner



APPROVED AND ACCEPTED FOR:

CLEVELAND STATE UNIVERSITY SCHOOL OF NURSING:

By: Mary Davis-Ajami Date: 04/27/26
Mary Lynn Davis-Ajami, PhD, MBA, MSN, FNP, RN
Director / Chief Nursing Administrator & Professor, School of Nursing
Cleveland State University

By: Madalynn Wendland Date: 04/27/26
Madalynn T Wendland, PT, DPT, PhD
Clinical Professor, Associate Dean Curriculum and Operations
Cleveland State University College of Health

ATTACHMENTS: Exhibit A: Fort Bend County Forensic Pathology Rotation
Exhibit B: Required Documents:

**Student Confidentiality Agreement;
Acknowledgement of Risk, Release and Waiver of Liability; and
Student Participation Form**

I:\AGREEMENTS\2026 Agreements\Medical Examiner\Affiliation Agreements\Charlotte State University (26-MedEx-100721)\Affiliation and Program Agreement for Course Experience Cleveland State University Forensic Nursing Rotation.docx [MN 03.06.2026] [MN 04.01.2026]

EXHIBIT A

FORT BEND COUNTY FORENSIC PATHOLOGY ROTATION

Fort Bend County Forensic Pathology Rotation

- **Course Contacts**
 - Course Director & Course Faculty: Stephen Pustilnik, M.D., Chief Medical Examiner, Paul Uribe, M.D., Deputy Chief Medical Examiner, Mournna Gonsulin, M.D., Deputy Medical Examiner, Varsha Podduturi, M.D., Deputy Medical Examiner, Erik Handberg, m.D., Deputy Medical Examiner
 - Forensic Pathology Administrative Coordinator: Kelly Large, 832-471-4000

- **Course Location**
 - Fort Bend County Medical Examiner Office, 3840 Bamore Road, Rosenberg, TX, 77471. You should be at the FBMEO building by 9:45 am on your first day. Upon your arrival, let the FBMEO personnel know you have arrived.

- **First Day**
 - Residents are met by an FBMEO staff physician or designee who orients the students/resident to the forensic pathology suite, the student/resident administrative workspace, the morgue and locker rooms.
 - During this orientation, the procedures for reviewing the daily cases, flow of the morning meeting, case confidentiality, and the criteria for case assignment among the forensic pathology fellows, residents, and other rotating students will be explained.
 - Residents are taken to Forensic Imaging for an identification photo, and a check is performed to ensure the ID badges are working properly.
 - Additionally, residents are familiarized with the Forensic Investigations section, Records section, and dictation protocols.

- **Schedule**
 - **Daily:**
 - 8:00 am, Arrive to review the daily case summary and prepare for individual case presentations.
 - 8:00 am, meet with staff physician for daily case assignments
 - Observe/participate with autopsies
 - Attend faculty development lectures (when scheduled)
 - Self-directed learning time, including self-directed review of pathology topics
 - Attend scenes with investigators as available
 - Attend court/attorney conferences when available

- **Parking, Dress Code, PPE, etc.**
 - Surface parking is available
 - Business casual dress code in office areas
 - Scrubs are provided for morgue activities, locker room with showers onsite; can bring a personal lock
 - N95 masks and all other PPE will be provided in the morgue
 - Each student/resident is provided space for personal effects and personal computer access
 - Breakrooms available, (refrigerators, microwaves, vending machines, water dispensers)

- **Course Objectives**

- Describe the process of death investigation and the role, importance, and limitations of the forensic autopsy
 - Explain how to assign the cause, manner, and mechanism of death based on forensic autopsy
 - Describe the requirements for deaths reported to the Medical Examiner/Justice of the Peace, based on Texas Law
 - Final course presentation on forensic pathology topic
- Not all case types are appropriate for residents to autopsy. FBMEO also does not guarantee a minimum number of cases for residents to autopsy.
 - At the end of the rotation, a 30 minute presentation will be given by the resident/student on a forensic pathology topic having been mentored by a staff physician. The FBMEO Chief Medical Examiner of designated staff physician will complete an evaluation of resident/student performance. A maximum of 5 days excused absences is permitted in accordance with the UTH standards and requirements.

A program evaluation will be sent to all residents following the rotation to provide feedback about the FBMEO rotation.

EXHIBIT B: REQUIRED DOCUMENTS

STUDENT CONFIDENTIALITY AGREEMENT

**ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF
LIABILITY**

STUDENT PARTICIPATION FORM

STUDENT CONFIDENTIALITY AGREEMENT

I, _____ (“STUDENT”), will be participating as a Student in a clinical rotation experience at Fort Bend County pursuant to an agreement between the County and Texas Tech Health Sciences Center.

I, _____ (“STUDENT”), acknowledge and agree to the following:

STUDENT agrees that in the performance of his or her duties as a Student at the County that he or she may come in contact with, or be provided with, confidential or proprietary information.

STUDENT agrees to maintain confidentiality of any information deemed confidential by the County including any and all patient or client information and all confidential hospital information. The undersigned, agrees not to reveal to any person or persons, except authorized individuals, any specific confidential information including any specific patient or client information, except as required by law or as authorized by County.

STUDENT further agrees that if computer network account is made available for STUDENT purposes, that such information contained within the computer network is confidential information. STUDENT will not remove any confidential computer records from County including paper records. STUDENT agrees not to change, delete, modify, or remove any computer file that belongs to another person.

STUDENT acknowledges that any violation of this confidentiality Agreement is cause for disciplinary action, including administrative removal from the clinical rotation at County, and may also result in legal action by County, patients, government, or other individuals.

Dated this _____ day of _____, 20____

STUDENT Signature: _____

Witness Signature: _____

Witness Name Printed : _____

THIS WAIVER MUST BE FILLED OUT BY EACH USER. WHERE THE USER IS UNDER THE AGE OF 18, A WAIVER MUST BE FILLED OUT BY THE MINOR'S PARENT OR LEGAL GUARDIAN.

FORT BEND COUNTY
ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT

Notice: This is a legally binding agreement. Please read it thoroughly and understand its contents.

THIS ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT sets forth the terms and conditions applicable for participation in Fort Bend County sponsored activities (herein referred to as "Activity") with Fort Bend County.

Participating in this Activity presents inherent dangers and risks, both anticipated and unanticipated, including all manner of injury (both physical and emotional), paralysis, death, damage to property or to other participants, or other losses. **NONETHELESS, I AGREE THAT I ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN TO ME.**

Following consideration and recognition of the inherent risks of participation in Activity, I, **RELEASE FROM LIABILITY** and **WAIVE THE RIGHT TO SUE** Fort Bend County, Texas, its employees, officers, volunteers, and agents (collectively "the County") from any and all claims, including those resulting from any physical injury, illness, death, pain or suffering, or economic loss, that I may suffer due to participation in this Activity, whether participation is supervised or unsupervised expressly **including but not limited to loss, injury or death caused or contributed to by the negligence or gross negligence of Fort Bend County and/or its employees, officers, volunteers and agents.**

If I require medical treatment, the County is authorized to obtain medical treatment for me. **I AGREE NOT TO HOLD THE COUNTY RESPONSIBLE FOR ANY CLAIMS RESULTING FROM ANY MEDICAL TREATMENT.**

I agree as Parent/Guardian of the below named minor child to indemnify and hold harmless Fort Bend County, its employees, officers, volunteers and agents (collectively "the County") from and against any and all claims made by the minor child arising out of or caused by, directly or indirectly, from any physical injury, illness, death, pain or suffering, economic loss, that the minor child may suffer due to participation in this activity **including but not limited to loss, injury or death caused or contributed to by the negligence or gross negligence of Fort Bend County and/or its employees, officers, volunteers and agents.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. I understand the legal consequences of signing this document including **(A) RELEASING COUNTY FROM ALL LIABILITY, (B) WAIVER OF MY RIGHT TO SUE COUNTY, AND (C) ASSUMPTION OF ALL RISKS OF PARTICIPATING IN THIS ACTIVITY.**

I agree that if any portion of this Release is held invalid or unenforceable, I will continue to be bound by the remaining terms. By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT**, and that I sign it of my own free will.

Signature of Individual/Guardian: _____ Date: _____

Printed Name _____ Name of Minor Child (if any) _____

STUDENT PARTICIPATION FORM

Name: _____

Phone Number (H) _____ Work (W) _____ Cell (C) _____

DL: State: _____ Number: _____

In the event of an emergency, please contact: _____

Emergency Contact Phone Number: (_____) _____

Relationship of Contact to Student: _____

Any known allergies or other special needs: _____

If I require medical treatment, the County is authorized to obtain medical treatment for me. I agree not to hold the County responsible for any claims resulting from any medical treatment.

By my signature, I warrant that I am at least 18 years old, that I have the legal authority to sign this STUDENT PARTICIPATION FORM and that I sign it of my own free will.

Signature of Student: _____ Date: _____








AA_Fort Bend_NUR

Final Audit Report

2026-04-27

Created:	2026-04-22
By:	Jennifer Fisher (j.a.fisher73@csuohio.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2t6vt4ZN00d2LQd-1tu9N4MI_MBxBN6_

"AA_Fort Bend_NUR" History

-  Document created by Jennifer Fisher (j.a.fisher73@csuohio.edu)
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-  Document emailed to Mary Davis-Ajami (m.davisajami@csuohio.edu) for signature
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-  Email viewed by Mary Davis-Ajami (m.davisajami@csuohio.edu)
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