



Westchester Community College

State University of New York

32207

February 12, 2013

To: Board of Acquisition and Contract

From: Joseph N. Hankin
President

Re: Authority to enter into an affiliation agreement with Nyack Hospital for training in the field of medical billing and coding.

Westchester Community College (the "College") offers training in the medical billing and coding field. As part of this program, Nyack Hospital will cooperate with the College by hosting an internship program for College students. The agreement will be for a term of five years and will be at no cost to the College. The College will indemnify Nyack Hospital for the negligence of its employees, but not for the negligence of the students. Students will be required to carry their own liability insurance.

The public purpose of this agreement is to provide training in a fast growing field of employment. The College will track the success of this program by monitoring the employment opportunities created for its students.

I believe that it is in the best interest of the College to provide this program and I recommend that you act favorably on the annexed proposed resolution.

JNH:me
Attachment

RESOLUTION

Upon a communication from Joseph N. Hankin, President, Westchester Community College, be it hereby

RESOLVED, that the County of Westchester acting by and through Westchester Community College is hereby authorized to enter into an affiliation agreement with Nyack Hospital for training in the field of medical billing and coding; and be it further

RESOLVED, that the agreement shall have a five (5) year term and shall be at no cost to the College; and be it further

RESOLVED, that the College will indemnify Nyack Hospital for the negligence of its employees, but not for the negligence of the students. Students will be required to carry their own liability insurance; and be it further

RESOLVED, that the County Executive or his authorized designee is hereby authorized to execute all instruments and take all actions reasonably necessary to implement this Resolution.

Account to be Charged/Credited	Funct	Dept.	Major Program, Program & Phase Or Unit	Object/ Sub Object	Trust Account	Dollars
N/A						

Budget Funding Year(s)
(must match resolution)

Start Date: Upon execution

End Date: Upon termination

Funding Source:

Tax Dollars _____ N/A

Contractor Federal I.D. No./
Social Security No.:

State Aid _____

Federal Aid _____

Vendor No.:

_____ (must match resolution)

Other _____

Encumbrance No.: