

EVERETT CITY COUNCIL AGENDA ITEM COVER SHEET

PROJECT TITLE:

Addendum No. 1 to the
Clinical Education Agreement
with Providence Regional
Medical Center Everett to
Provide Clinical Education to
Everett Fire Department
Emergency Medical Services
Providers

- Briefing
- Proposed Action
- Consent
- Action
- First Reading
- Second Reading
- Third Reading
- Public Hearing
- Budget Advisory

COUNCIL BILL # _____
 Originating Department Fire
 Contact Person M. Gordon / T. Key
 Phone Number 425-257-8100
 FOR AGENDA OF December 21, 2016

Initialed by:
 Department Head _____
 CAA _____
 Council President AM

<u>Location</u>	<u>Preceding Action</u>	<u>Attachments</u>	<u>Department(s) Approval</u>
	Clinical Education Agreement 11/1/14	Addendum No. 1	Emergency Medical Services, Legal

Amount Budgeted	-0-	
Expenditure Required	-0-	Account Number(s):
Budget Remaining	-0-	
Additional Required	-0-	

DETAILED SUMMARY STATEMENT:

Providence Regional Medical Center Everett (PRMCE) provides clinical education experiences to Everett Fire Department Emergency Medical Technicians and Paramedics. The Clinical Education Agreement establishes the parameters of the agreement between PRMCE and the City of Everett. Addendum No. 1 extends this agreement to October 31, 2018.

RECOMMENDATION (Exact action requested of Council):

Authorize the Mayor to sign Addendum No. 1 to the Clinical Education Agreement with Providence Regional Medical Center Everett to provide clinical education to Everett Fire Department Emergency Medical Services providers.

ADDENDUM NO. 1 TO CLINICAL EDUCATION AGREEMENT

This Addendum relates to the Clinical Education Agreement dated November 1, 2014, as executed by the undersigned parties (the "Agreement"). The parties hereby agree as follows:

1. Section 5.1 of the agreement is amended to extend the Agreement for a new two year term beginning November 1, 2016, and ending October 31, 2018.

This Addendum shall be effective as of November 1, 2016. Except as otherwise specifically provided herein, the terms of the Agreement shall remain in full force and effect. This Addendum shall be attached to and incorporated into the Agreement.

SIGNATURES:

HOSPITAL: PROVIDENCE HEALTH & SERVICES - WASHINGTON

d/b/a Providence Regional Medical Center Everett

By: _____
Alyson Roush
Associate Counsel
Date: _____

**CITY OF EVERETT
WASHINGTON**

By: _____
Ray Stephanson, Mayor
Date: _____

ATTEST:

APPROVED AS TO FORM:

Sharon Fuller, City Clerk
Date: _____

D. Iles, City Attorney
Date: _____