

STATE OF MINNESOTA

MINNESOTA STATE COLLEGES AND UNIVERSITIES

**ADDENDUM --
FACULTY STUDENT RATIO**

**ADDENDUM TO MEMORANDUM
OF AGREEMENT**

WHEREAS, the Board of Trustees of the Minnesota State Colleges and Universities, on behalf

(hereinafter “the College/University”) and

(“the Facility”) have entered into a Memorandum of Agreement to assist in educating persons to be qualified or better qualified nursing personnel; and

WHEREAS, the College/University and the Facility have agreed that additional provisions are necessary to implement the clinical experience program for students of nursing enrolled in the College/University; and

WHEREAS, paragraph I.B. of the Memorandum of Agreement of the parties provides that:

The College/University will supervise its students during the clinical experience program at the Facility. The College/University will provide its nursing faculty to effectively implement the clinical experience program at the Facility. The College/University faculty so assigned will hold current R.N. licensure valid in the State of Minnesota.

NOW THEREFORE, IT IS AGREED BY AND BETWEEN THE PARTIES HERETO:

That the Memorandum of Agreement, paragraph I.B. shall be amended to read:

The College/University will supervise its students during the clinical experience program at the Facility. The College/University will provide its nursing faculty to effectively implement the clinical experience program at the Facility. The College/University will provide at least one nursing faculty member for approximately every ten (10) students while the students are in the clinical experience program at the Facility. The College/University faculty so assigned will hold current R.N. licensure valid in the State of Minnesota.

Except as herein amended, the provisions of the Memorandum of Agreement remain in full force and effect.

IN WITNESS WHEREOF the parties have caused this Agreement to be duly executed intending to be bound thereby.

APPROVED:

1. FACILITY

By (authorized signature)
Title
Date

By
Title
Date

2.

By (Director of Nursing)
Date

By (College/University President or Other Authorized Designee)
Title
Date