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Date June 24, 2013

APPROVING DES MOINES FIRE DEPARTMENT AND UNIVERSITY OF IOWA HOSPITALS AND CLINICS EMERGENCY SERVICES CLINICAL/FIELD AFFILIATION AGREEMENT

WHEREAS, the City of Des Moines Fire Department serves as a provider of clinical field training experience for its own personnel as well as for students enrolled in the University of Iowa Hospitals and Clinics paramedic training programs, and

WHEREAS, the University of Iowa Hospitals and Clinics desires to provide its EMS students with supervised field clinical experience by participating in City of Des Moines Fire Department paramedic emergency response services; and

WHEREAS, in exchange for such services for its EMS students, University of Iowa Hospitals and Clinics agrees to act as a sponsor for the Fire Department's EMT-Basic classes, resulting in a significant reduction in costs to the Fire Department for such classes; and

WHEREAS, a Clinical/Field Affiliation Agreement between the University of Iowa Hospitals and Clinics and The City of Des Moines Fire Department which sets forth the terms of this field clinical program and responsibilities of the parties is on file in the Office of the City Clerk and has been executed by the University of Iowa Hospitals and Clinics; and

WHEREAS, the Chief of the Fire Department recommends approval of such agreement.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa, that the Clinical/Field Affiliation Agreement between the University of Iowa Hospitals and Clinics and The City of Des Moines Fire Department, a copy of which is on file in the City Clerk's Office, is hereby approved and the Mayor is hereby authorized and directed to execute this Agreement on behalf of the City and the City Clerk is hereby directed to attest to his signature.

(Council Communication No. 13-313)

Moved by _____ to adopt.

APPROVED AS TO FORM:

Ann DiDonato
Ann DiDonato
Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				
MOTION CARRIED			APPROVED	
_____ Mayor				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

_____ City Clerk