



NOTICE OF PUBLIC MEETING AND EXECUTIVE SESSION  
PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT  
BOARD OF DIRECTORS  
AGENDA  
Wednesday, July 3, 2024

9:30 AM - CALL TO ORDER

PINAL COUNTY ADMINISTRATIVE COMPLEX  
BOARD OF SUPERVISORS HEARING ROOM  
135 N. PINAL STREET  
FLORENCE, AZ 85132

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**BUSINESS BEFORE THE BOARD**

(Consideration/Approval/Disapproval of the following:)

**(1) CONSENT ITEMS:**

All items indicated by an asterisk (\*) will be handled by a single vote as part of the consent agenda, unless a Board Member, County Manager, or member of the public objects at the time the agenda item is called.

- \* A. Discussion/approval/disapproval of Minutes from June 5, 2024, and June 19, 2024, Board of Directors Public Health Services District Meetings. (Natasha Kennedy)
- \* B. Discussion/approval/disapproval of the agreement between Central Arizona College and Pinal County, through the Pinal County Board of Supervisors beginning March 31, 2024, ending March 31, 2029. There is no funding or match amount for this agreement. This agreement will be used by Public Health (All Divisions) to provide clinical practicum and/or internship/externship experience to college students. (Carey Lennon/Merissa Mendoza)

**ADJOURNMENT**

**(SUPPORTING DOCUMENTS ARE AVAILABLE AT THE CLERK OF THE BOARD OF SUPERVISORS' OFFICE AND AT <https://pinal.novusagenda.com/AgendaPublic/>)**

NOTE: One or more members of the Board may participate in this meeting by telephonic conference call.

The Board may go into Executive Session for the purpose of obtaining legal advice from the County's Attorney(s) on any of the above agenda items pursuant to A.R.S. 38-431.03(A)(3).

In accordance with the requirement of Title II of the Americans with Disabilities Act (ADA), the Pinal County Board of Supervisors and Pinal County Board of Directors do not discriminate against qualified individuals with disabilities admission to public meetings. If you need accommodation for a meeting, please contact the Clerk of the Board Office at (520) 866-6068, at least (3) three business days prior to the meeting (not including weekends or holidays) so that your request may be accommodated.

Pursuant to A.R.S. 38-431.02, NOTICE IS HEREBY GIVEN, that the public will

have physical access to the meeting room at 9:15 AM.

Meeting Notice of Posting



# PINAL COUNTY

WIDE OPEN OPPORTUNITY

## AGENDA ITEM

July 3, 2024 ADMINISTRATION BUILDING A  
FLORENCE, ARIZONA

**REQUESTED BY:****Funds #:****Dept. #:****Dept. Name:** Clerk of the Board**Director:** Natasha Kennedy**BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:**

Discussion/approval/disapproval of Minutes from June 5, 2024, and June 19, 2024, Board of Directors Public Health Services District Meetings. (Natasha Kennedy)

**BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:****BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:****MOTION:**

Approve as presented.

| History | Who | Approval |
|---------|-----|----------|
| Time    |     |          |

**ATTACHMENTS:**

|  |
|--|
| <b>Click to download</b>   |
| <input type="checkbox"/> <a href="#">Minutes PHSD 06.05.2024</a> |
| <input type="checkbox"/> <a href="#">Minutes PHSD 06.19.2024</a> |



# **PINAL COUNTY**

WIDE OPEN OPPORTUNITY

**PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT  
BOARD OF DIRECTORS  
MINUTES  
Wednesday, June 5, 2024  
11:15 AM**

**BOARD OF DIRECTORS**

**Chairman Mike Goodman**  
Director, District 2

**Vice-Chairman Jeffrey McClure**  
Director, District 4

**Kevin Cavanaugh**  
Director, District 1

**Stephen Q. Miller**  
Director, District 3

**Jeff Serdy**  
Director, District 5

PINAL COUNTY ADMINISTRATIVE COMPLEX  
BOARD OF SUPERVISORS HEARING ROOM  
135 N. PINAL STREET  
FLORENCE, AZ 85132

**All Presentations are attached to the Agenda at:  
[Click Here to View the Public Health Services District Agenda](#)**

**and a Video Recording of this meeting can be viewed at:  
[Click Here to View Video Recording](#)**

The Pinal County Public Health Services District Board of Directors convened at 11:15 a.m. this date. The meeting was called to order by Chairman Goodman.

**Members Present:** Chairman Mike Goodman; Vice-Chairman Jeffrey McClure; Director Kevin Cavanaugh; Director Stephen Q. Miller; Director Jeff Serdy

**Staff Present:** County Manager, Leo Lew; Chief Civil Deputy County Attorney, Chris Keller; Clerk of the Board, Natasha Kennedy and Deputy Clerk of the Board, Kelsey Pickard

**(1) CONSENT ITEMS:**

All items indicated by an asterisk (\*) will be handled by a single vote as part of the consent agenda, unless a Board Member, County Manager, or member of the public objects at the time the agenda item is called.

Chairman Goodman asked if there were any requests from a Board Member, staff or the audience to remove any consent agenda items for discussion. There being none.

**Item Action: Approved Consent Agenda Items A through B as presented**

Motion Made By: Supervisor McClure

Seconded By: Supervisor Miller

To approve Consent Agenda Items A through B as presented.

Motion Passed

Ayes: Cavanaugh, Goodman, McClure, Miller, Serdy (5)

- \* A. Discussion/approval/disapproval of Minutes from May 1, 2024, and May 15, 2024, Board of Directors Public Health Services District Meetings. (Natasha Kennedy)
- \* B. Discussion/approval/disapproval to submit a grant application to the National Children's Alliance 2024 special focus grant for \$7,763. This grant will be used by the Public Health Family Advocacy Centers for the first-time installation/upgrade of technology to facilitate peer review and HIPAA-compliant digital recording storage and sharing of recordings/images. The grant requires a specific vendor to be selected. The proposed vendor would provide cloud storage and sharing capabilities for forensic interview recordings specific to advocacy center needs and requirements. (Melody Lenhardt/Merissa Mendoza)

**11:16 a.m.** – Chairman Goodman adjourned the June 5, 2024, Pinal County Public Health Services District Board of Directors Meeting and reconvened the Pinal County Board of Supervisors Meeting.

**PINAL COUNTY  
PUBLIC HEALTH SERVICES DISTRICT  
BOARD OF DIRECTORS**

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Mike Goodman, Chairman

**ATTEST:**

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Natasha Kennedy, Clerk of the Board

Minutes Prepared By: Kelsey Pickard, Deputy Clerk of the Board

Approval of Minutes: July 3, 2024



# **PINAL COUNTY**

WIDE OPEN OPPORTUNITY

**PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT  
BOARD OF DIRECTORS  
MINUTES  
Wednesday, June 19, 2024  
10:27 AM**

**BOARD OF DIRECTORS**

**Chairman Mike Goodman**  
Director, District 2

**Vice-Chairman Jeffrey McClure**  
Director, District 4

**Kevin Cavanaugh**  
Director, District 1

**Stephen Q. Miller**  
Director, District 3

**Jeff Serdy**  
Director, District 5

PINAL COUNTY ADMINISTRATIVE COMPLEX  
BOARD OF SUPERVISORS HEARING ROOM  
135 N. PINAL STREET  
FLORENCE, AZ 85132

**All Presentations are attached to the Agenda at:**  
[Click Here to View the Public Health Services District Agenda](#)

**and a Video Recording of this meeting can be viewed at:**  
[Click Here to View Video Recording](#)

The Pinal County Public Health Services District Board of Directors convened at 10:27 a.m. this date. The meeting was called to order by Chairman Goodman.

**Members Present:** Chairman Mike Goodman; Vice-Chairman Jeffrey McClure; Director Kevin Cavanaugh; Director Stephen Q. Miller; Director Jeff Serdy

**Staff Present:** County Manager, Leo Lew; Chief Civil Deputy County Attorney, Chris Keller; Clerk of the Board, Natasha Kennedy and Deputy Clerk of the Board, Kelsey Pickard

**(1) CONSENT ITEMS:**

All items indicated by an asterisk (\*) will be handled by a single vote as part of the consent agenda, unless a Board Member, County Manager, or member of the public objects at the time the agenda item is called.

Chairman Goodman asked if there were any requests from a Board Member, staff or the audience to remove any consent agenda items for discussion.

Supervisor Cavanaugh requested to pull Item A.

**Item A Pulled from Consent Agenda**

- \* A. Discussion/approval/disapproval of Resolution No. 061924-PHSD authorizing the Public Health Services District to accept a mobile cooling center from the Arizona State Agency for Surplus Property (SASP) and authorize the Director of Public Health to complete an application and facilitate the acceptance, installation, and operation of the center where needed in Pinal County. (Merissa Mendoza)

Supervisor Cavanaugh inquired how the need for a solar-powered shipping container for heat relief was determined.

Merissa Mendoza, Public Health Director appeared before the Board, advised last year the Governor declared a State of Emergency for Pinal County related to heat, since then the Arizona Department of Health Services has been working on ways to help mitigate and provided heat maps, and we have identified a community partner for the project who will allow us to place the container at their site, Thunderbird Farms.

**Item Action: Approved Consent Agenda Item A of the Public Health Services District Agenda**

Motion Made By: Supervisor McClure

Seconded By: Supervisor Miller

To approve Consent Agenda Item A of the Public Health Services District Agenda.

Motion Passed

Ayes: Cavanaugh, Goodman, McClure, Miller, Serdy (5)



**10:31 a.m.** – Chairman Goodman adjourned the June 19, 2024, Pinal County Public Health Services District Board of Directors Meeting and reconvened the Pinal County Board of Supervisors Meeting.

**PINAL COUNTY  
PUBLIC HEALTH SERVICES DISTRICT  
BOARD OF DIRECTORS**

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Mike Goodman, Chairman

**ATTEST:**

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Natasha Kennedy, Clerk of the Board

Minutes Prepared By: Kelsey Pickard, Deputy Clerk of the Board

Approval of Minutes: July 3, 2024



**PINAL COUNTY**  
WIDE OPEN OPPORTUNITY

AGENDA ITEM

July 3, 2024 ADMINISTRATION BUILDING A  
FLORENCE, ARIZONA

**REQUESTED BY:**

**Funds #:** 82

**Dept. #:** 359

**Dept. Name:** Public Health

**Director:** Merissa Mendoza

**BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:**

Discussion/approval/disapproval of the agreement between Central Arizona College and Pinal County, through the Pinal County Board of Supervisors beginning March 31, 2024, ending March 31, 2029. There is no funding or match amount for this agreement. This agreement will be used by Public Health (All Divisions) to provide clinical practicum and/or internship/externship experience to college students. (Carey Lennon/Merissa Mendoza)

**BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:**

There is no funding or match amount for this agreement. No impact to the General Fund.

**BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:**

This agreement will be used by Public Health (All Divisions) to provide clinical practicum and/or internship/externship experience to college students.

**MOTION:**

Approve as presented

| History | Time               | Who                | Approval |
|---------|--------------------|--------------------|----------|
|         | 6/14/2024 9:42 AM  | County Attorney    | Yes      |
|         | 6/14/2024 11:48 AM | Grants/Hearings    | Yes      |
|         | 6/14/2024 3:35 PM  | Budget Office      | Yes      |
|         | 6/26/2024 9:23 AM  | County Manager     | Yes      |
|         | 6/26/2024 9:26 AM  | Clerk of the Board | Yes      |

**ATTACHMENTS:**

[Click to download](#)

[Contract](#)

[CAC COI 2024](#)

## Central Arizona College

### AGREEMENT FOR CLINICAL PRACTICUM AND/OR INTERNSHIP/EXTERNSHIP EDUCATIONAL EXPERIENCE

**THIS AGREEMENT** is entered into by **Central Arizona College** located at 8470 North Overfield Road, Coolidge, AZ 85128, hereinafter referred to as the "COLLEGE," and \_\_\_\_\_, hereinafter referred to as the "FACILITY", located at \_\_\_\_\_, for the purpose of providing clinical practicum and/or internship/externship experience to college students. This agreement shall be effective 03-31-2024 through 03-31-2029. THE TERM OF THIS Agreement shall be for five (5) year(s), after which it will automatically renew for one-year periods, subject to the termination provision. Either party may terminate this Agreement at any time with thirty (30) days notice, provided that any Student in practicum or internship at that time shall be permitted to complete it.

It is agreed by the aforesaid parties to be of mutual interest and advantage for selected students, hereinafter referred to as "STUDENTS", of the COLLEGE to be provided quality clinical practicum and/or internship/externship experiences at the FACILITY. A clinical practicum and/or internship/externship experience is defined as any assigned clinical, internship, externship, or educational experience that is part of a COLLEGE prescribed curriculum in the areas specified in Appendix B.

#### I. MUTUAL RESPONSIBILITIES

- A. COLLEGE and FACILITY shall each designate appropriate liaisons for implementation of this agreement and agree to notify the other within 14 days of any change in their designated liaison.
- B. The FACILITY agrees to accept STUDENTS selected by the COLLEGE for clinical practicum and/or internship/externship experiences. The nature and time frame of the experiences shall be individually arranged and approved by the liaisons for the FACILITY and the COLLEGE.
- C. The number of STUDENTS assigned to the FACILITY and the dates of rotation shall be mutually agreed upon, and shall be subject to the availability of the FACILITY'S personnel for teaching and supervision.
- D. If this Agreement is for placement in a setting where "protected health information" as defined in 45 C.F.R. §160.103 is shared with students and the FACILITY is a Covered Entity for purposes of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), then STUDENTS shall function as part of the FACILITY'S "workforce" as defined in 45 C.F.R. §160.103 and shall be subject to the HIPAA policies and procedures of the FACILITY. FACILITY shall be responsible for providing assigned STUDENTS with appropriate training and supervision with regard to the FACILITY'S HIPAA policies and procedures. The COLLEGE shall be responsible for providing STUDENTS with

general, introductory information regarding HIPAA prior to their assignment to the FACILITY.

- E. If this Agreement is for placement in a setting where "education records" as defined in 34 C.F.R. §99.3 are shared with STUDENTS and the FACILITY is an Educational Agency or Institution subject to the Family Educational Rights and Privacy Act of 1974 ("FERPA"), then the FACILITY shall be responsible for providing assigned STUDENTS with appropriate training and supervision with regard to the FACILITY'S FERPA policies and procedures. The COLLEGE shall be responsible for providing STUDENTS with general, introductory information regarding FERPA prior to their assignment to the FACILITY.
- F. Except as set forth in paragraph D above, no provision of this Agreement shall be deemed to constitute COLLEGE, or any agent or employee of COLLEGE, as an agent or employee of FACILITY. Neither COLLEGE nor FACILITY personnel shall, by virtue of this Agreement, be entitled or eligible by reason of the contractual relationship hereby created to participate in any benefits or privileges given or extended by either party to its employees. The COLLEGE and FACILITY do not consider the STUDENT an employee of the FACILITY for liability or Workers' Compensation purposes, but a student in the clinical practicum and/or internship/externship education phase of the STUDENT'S professional development.
- G. COLLEGE and FACILITY agree to comply with all applicable Federal, State, and local laws, including those prohibiting discrimination. If the clinical practicum and/or internship/externship experience is to occur in a FACILITY located outside the state of Arizona, FACILITY is responsible for providing STUDENTS with information and/ or training on all applicable State laws.
- H. The policies, rules, and regulations of the FACILITY shall be applicable to the STUDENTS. FACILITY shall inform and/ or train STUDENTS regarding their policies, rules, and regulations at the initiation of the clinical practicum and/or internship/externship. COLLEGE shall inform its STUDENTS of their responsibility to comply with the law as well as the policies, rules, and regulations of FACILITY, including those regarding the confidentiality of protected health information or other confidential information as referenced in paragraph D.
- I. Neither the FACILITY nor COLLEGE shall use the name of the other party or its employees in any publicity or advertising material without prior written approval by a duly authorized representative of the other party.
- J. STUDENTS shall be subject to drug screening, background check, fingerprinting, and health clearance as required by the COLLEGE and FACILITY.

## **II. COLLEGE RESPONSIBILITIES**

The COLLEGE shall:

- A. Give FACILITY at least thirty (30) days written notice of a STUDENT assignment unless this notice is specifically waived by the FACILITY by agreeing to this in less than 30 days.
- B. Reserve the right to revoke any assignment prior to the STUDENT'S entry into the clinical practicum and/or internship/externship program of the FACILITY.
- C. Contact or visit the FACILITY for the purpose of monitoring student progress and performance and facilitating information exchange between the COLLEGE, FACILITY, and STUDENTS.
- D. Reserve the right to withdraw any STUDENT from assigned clinical practicum and/or internship/externship rotation at the FACILITY when, in the COLLEGE'S judgment, the clinical practicum and/or internship/externship experiences do not meet the needs of the STUDENT or if the STUDENT'S performance does not meet the COLLEGE'S specifications. The COLLEGE will notify FACILITY in the event the student can no longer participate in the clinical practicum and/or internship/externship experience.
- E. Provide general liability protection and such additional forms of insurance as may be mutually agreed to by the COLLEGE and FACILITY in a written addendum to this Agreement, covering students acting within the specific authorization of the COLLEGE's Governing Board and within the scope of the clinical practicum and/or internship/externship upon request by the FACILITY, the COLLEGE shall provide verification of liability coverage.
- F. Provide FACILITY with a statement of expectations and objectives of curricular and clinical education, upon request.
- G. Inform STUDENTS of their responsibilities under this Agreement as outlined in Appendix A.

### **III. FACILITY RESPONSIBILITIES**

The FACILITY shall:

- A. Provide clinical practicum and/or internship/externship experiences as stated in the objectives of the COLLEGE and FACILITY, and supervision appropriate to the academic competencies of the clinical practicum and/or internship/externship experiences.
- B. Provide appropriate orientation and information regarding the policies, rules and regulations of the FACILITY to incoming STUDENTS.
- C. Make available the physical facilities and other equipment necessary to support the clinical practicum and/or internship/externship experiences unless otherwise directed by the COLLEGE.

- D. For facilities with multiple sites, provide appropriate orientation material and information to aid STUDENTS and COLLEGE in selecting an appropriate site.
- E. Retain primary responsibility for its clients.
- F. Complete forms requested by the COLLEGE that pertain to STUDENT evaluation.
- G. FACILITY may be requested to provide information such as proof of insurance, licensure, accreditation or other information.
- H. Inform the COLLEGE immediately of any improper or unsatisfactory STUDENT performance or behaviors. This would include behavior that is disruptive or detrimental to the FACILITY and/or violates the Code of Ethics of the discipline, or FACILITY regulations, policies or procedures. If performance or behavior does not improve, FACILITY shall request that the COLLEGE immediately withdraw a STUDENT from assigned clinical practicum and/or internship/externship experience.
- I. Provide and/or facilitate reasonable and appropriate emergency medical care for STUDENT; STUDENT shall be responsible for any and all costs and expenses arising from and/or associated with said emergency medical care. STUDENT shall have the right to refuse emergency care.

**IV. GENERAL PROVISIONS**

- A. Any notice required or permitted hereunder shall be in writing and shall be deemed given if delivered in person or three days after mailing by United States registered or certified mail, postage prepaid, and addressed as follows:

To FACILITY:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To COLLEGE:

Central Arizona College  
 Attention: Vice President of Business Affairs/CFO  
 8470 North Overfield Road  
 Coolidge, AZ 85128  
 Telephone: (520) 494-5230

- B. All books, accounts, reports, files and other records relating to this Agreement shall be subject at all reasonable times to inspection by COLLEGE or FACILITY or their agents after completion of this Agreement in accordance with Arizona Revised State Statutes §39-101 as described in “Records Retention and Disposition for Arizona Community Colleges and Districts” ([www.lib.az.us](http://www.lib.az.us)) .
- C. COLLEGE shall maintain adequate insurance to cover any liability arising from the acts and omissions of COLLEGE’S agents and employees arising out of the performance of this Agreement. COLLEGE shall not be responsible for maintaining insurance coverage for liability arising from the acts and omissions of FACILITY’S employees or agents.
- D. FACILITY shall maintain adequate insurance to cover any liability arising from the acts and omissions of FACILITY’S employees or agents arising out of the performance of this Agreement. FACILITY shall not be responsible for maintaining insurance to cover liability arising from the acts and omissions of employees of COLLEGE.
- E. Neither party shall unlawfully discriminate against any employee, applicant, patient, or student based on race, color, creed, sex, religion, marital status, disability, veteran status, age, or national origin.
- F. Each party (as “Indemnitor”) agrees to indemnify, defend, and hold harmless the other party (as “Indemnitee”) from and against all claims, losses, liability, costs, expenses (including reasonable attorney fees)(hereinafter referred to as “Claims”) arising out of bodily injury of any person (including death) or property damage, but only to the extent that such Claims which result in vicarious/ defective liability to the Indemnitee are caused by the act, omission, negligence, misconduct, or other fault of the Indemnitor, its officers, agents, employees or volunteers.
- G. Neither party shall assign, transfer, convey or otherwise dispose of this Agreement, or the right, title, or interest therein, or the power to execute such agreement to any other person, company or corporation without the prior written consent of the other party. Any purported assignment or disposition of this Agreement without such consent shall be null and void.
- H. The parties agree that either party may terminate this Agreement at any time upon thirty (30) days written notice to the other party, except that any STUDENT already assigned to and accepted by the FACILITY shall be allowed to complete any in-progress clinical practicum and/or internship/externship assignment at the FACILITY.
- I. The parties agree that this agreement may be cancelled for conflict of interest in accordance with Arizona Revised Statutes §38-511.



J. This agreement constitutes the entire agreement between COLLEGE and FACILITY. Any changes or modifications shall be accomplished by amendment to this agreement executed by the duly authorized representatives of the parties.

**IN WITNESS WHEREOF**, the parties have caused this Agreement for Clinical/Internship/Externship experiences to be executed as of the date first written above by their duly authorized representatives.

**Central Arizona College**

Name (printed): \_\_\_\_\_

Name (printed): Luisa M. Ott

Title: \_\_\_\_\_

Title: Vice President, Operations & Finance/CFO

Signature:

Signature:

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

## APPENDIX A

### Central Arizona College STUDENT RESPONSIBILITY STATEMENT

In order to meet the requirements of Section II. G. of the Agreement for Clinical Practicum and/or Internship/Externship experience, STUDENTS shall read the following and indicate their understanding by signing below. This Student Responsibility Statement is **in addition to the course syllabus**, and the student is responsible for being familiar with the content of both documents.

**In consideration of the opportunity to enter into a clinical education/internship/externship experience, I agree to:**

- A. Complete and be responsible for the cost of providing all health forms, documents and certificates requested by the FACILITY.
- B. Provide the COLLEGE and FACILITY with written confirmation of professional liability coverage for the term of the clinical/internship/externship assignment if required.
- C. At all times conduct myself, both at the FACILITY and outside normal business hours, in a personally and professionally ethical manner.
- D. Agree to comply with all applicable Federal, State, and local laws, including those prohibiting discrimination. Follow the policies, rules and regulations of FACILITY, including those regarding confidentiality of protected health information or other confidential information pertaining to client and patient records.
- E. Secure my own room and board during my clinical/internship/externship assignment.
- F. Conform in my attire and appearance to the accepted standard of the COLLEGE and the FACILITY, and procure the appropriate and necessary attire required, if any, but not provided by the COLLEGE and the FACILITY.
- G. Procure the appropriate and necessary equipment required as identified by the COLLEGE, if any, but not provided by the COLLEGE and the FACILITY.
- H. Provide my own transportation to and from the FACILITY or to and from any related special assignment approved by the COLLEGE and the FACILITY. I will never transport clients.
- I. Conform to the work schedule of the FACILITY. Notify the FACILITY immediately if I must be absent due to illness. Make up time and work missed during unavoidable illnesses, in consultation with my academic coordinator and clinical or internship/externship instructor.

- J. Notify immediately the FACILITY and COLLEGE liaisons if I learn I am pregnant or have other health-related concerns before or during the clinical practicum and/or internship/externship assignment so that appropriate personal safety precautions can be implemented.
- K. Obtain prior written approval from COLLEGE and FACILITY before publishing or presenting any material relating to the clinical experience outside normal educational settings of the COLLEGE.
- L. Provide health insurance, if desired, because I understand that neither the facility nor college will provide me with health insurance. I understand that I am not an employee of the FACILITY or COLLEGE for Workers' Compensation Insurance purposes and that neither the FACILITY nor COLLEGE will provide such insurance during my involvement in the clinical practicum and/or internship/externship assignment.

Student Name: \_\_\_\_\_  
 (Please type or print)

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

Facility: \_\_\_\_\_ Duration: \_\_\_\_\_

Program: \_\_\_\_\_

## APPENDIX B

Central Arizona College offers the following programs:

- Program in Health Information Management (HIM) (Must have AHIMA Credentials)
- Program in Phlebotomy/Clinical Laboratory Assistant
- Program in Nursing/Certified Nursing Assistant
- Program in Medical Assistant
- Program in Billing, Coding
- Program in Pharmacy Technician
- Program in Paramedic
- Program in EMT
- Program in Massage Therapy
- Program in Medical Laboratory
- Program in Nutrition & Dietetic Technician
- Program in Dietary Manager Training

Please check all the programs applicable to this agreement. (If none are checked then all apply.)



VERIFICATION OF COVERAGE

|   |  |   |  |
|---|--|---|--|
| ISSUE DATE: 5/30/2024   |  | AGREEMENT NO.: 269  |  |
| DISTRICT:<br>CENTRAL ARIZONA COLLEGE<br>8470 NORTH OVERFIELD ROAD<br>COOLIDGE, ARIZONA, 85128<br>LUISA OTT<br>EXECUTIVE DIRECTOR OF ACCOUNTING  |  | COVERAGE PROVIDED BY:<br>ARIZONA SCHOOL RISK RETENTION TRUST, INC.<br>333 EAST OSBORN ROAD, SUITE 300<br>PHOENIX, ARIZONA 85012<br>PHONE: (800) 266-4911<br>FAX: (602) 266-7754 |  |
| THIS VERIFICATION OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS VERIFICATION DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED. THIS VERIFICATION IS TO CERTIFY THAT COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE DISTRICT FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, WITH RESPECT TO WHICH THIS VERIFICATION MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, CONDITIONS AND EXCLUSIONS OF SUCH COVERAGE. |  |   |  |
| TYPE OF COVERAGE  |  | LOCATION/DESCRIPTION  |  |
| AUTOMOBILE PHYSICAL DAMAGE  |  |   |  |
| ALL RISK PROPERTY   |  |   |  |
| TYPE OF COVERAGE  |  | LIMITS OF LIABILITY   |  |
| COMPREHENSIVE GENERAL AND AUTO LIABILITY  |  | \$1,000,000 COMBINED SINGLE LIMIT PER OCCURRENCE;<br>\$3,000,000 ANNUAL AGGREGATE   |  |
| DESCRIPTION OF OPERATIONS, PERIOD AND CONDITIONS TO WHICH THIS COVERAGE APPLIES:<br><b>(NOTE: ALL COVERAGE IS SUBJECT TO THE TERMS, CONDITIONS, EXCLUSIONS AND DEDUCTIBLES CONTAINED IN THE AGREEMENT BETWEEN THE DISTRICT AND THE ARIZONA SCHOOL RISK RETENTION TRUST, INC.)</b>   |  |   |  |
| AGREEMENT NO.: 269  |  | AGREEMENT PERIOD: 7/1/2023 UNTIL CANCELED   |  |
| THIS VERIFICATION IS TO PROVIDE EVIDENCE THAT COVERAGE IS MAINTAINED IN FULL FORCE AND EFFECT FOR CENTRAL ARIZONA COLLEGE AS RESPECTS AFFILIATION AGREEMENT. COVERAGE IS SUBJECT TO THE TERMS, CONDITIONS, EXCLUSIONS AND DEDUCTIBLES DESCRIBED IN AGREEMENT NO. 269, APPENDIX A.1., ITEM 2., COVERAGE A., BODILY INJURY AND/OR PROPERTY DAMAGE LIABILITY BETWEEN THE DISTRICT AND THE ARIZONA SCHOOL RISK RETENTION TRUST, INC.  |  |   |  |
| CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ARIZONA SCHOOL RISK RETENTION TRUST, INC. WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE TRUST, ITS AGENTS OR REPRESENTATIVES.  |  |   |  |
| CERTIFICATE HOLDER:<br>PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT<br>P.O. BOX 1590,<br>FLORENCE, AZ 85132<br>ATTN: DEB SOMDAHL  |  |   |  |

5/30/2024  
 JESSICA SCHULER  
 FOR: ARIZONA SCHOOL RISK RETENTION TRUST, INC.



# PINAL COUNTY

WIDE OPEN OPPORTUNITY

## AGENDA ITEM

July 3, 2024 ADMINISTRATION BUILDING A  
FLORENCE, ARIZONA

**REQUESTED BY:**

**Funds #:**

**Dept. #:**

**Dept. Name:** Clerk of the Board

**Director:** Natasha Kennedy

**BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:**

Pursuant to A.R.S. 38-431.02, NOTICE IS HEREBY GIVEN, that the public will have physical access to the meeting room at 9:15 AM.

**BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:**

**BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:**

**MOTION:**

| History | Who | Approval |
|---------|-----|----------|
| Time    |     |          |

| <b>ATTACHMENTS:</b>               |
|-----------------------------------|
| <a href="#">Click to download</a> |
| No Attachments Available          |



# PINAL COUNTY

WIDE OPEN OPPORTUNITY

## AGENDA ITEM

July 3, 2024 ADMINISTRATION BUILDING A  
FLORENCE, ARIZONA

**REQUESTED BY:**

**Funds #:**

**Dept. #:**

**Dept. Name:** Clerk of the Board

**Director:** Natasha Kennedy

**BRIEF DESCRIPTION OF AGENDA ITEM AND REQUESTED BOARD ACTION:**

Meeting Notice of Posting

**BRIEF DESCRIPTION OF THE FISCAL CONSIDERATIONS AND/OR EXPECTED FISCAL IMPACT OF THIS AGENDA ITEM:**

**BRIEF DESCRIPTION OF THE EXPECTED PERFORMANCE IMPACT OF THIS AGENDA ITEM:**

**MOTION:**

| History | Who | Approval |
|---------|-----|----------|
| Time    |     |          |

**ATTACHMENTS:**

|  |
|--|
| <p>Click to download</p> <p><input type="checkbox"/> <a href="#">Notice of Posting</a></p> |
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**PINAL COUNTY**  
WIDE OPEN OPPORTUNITY

**MEETING NOTICE OF POSTING**

**STATE OF ARIZONA**

**COUNTY OF PINAL**

I, Natasha Kennedy, being duly sworn upon her oath, says as follows:

I am the appointed Clerk of the Pinal County Board of Supervisors.

In my position as Clerk of the Board of Supervisors and Board of Directors, I am responsible for posting all Agendas.

Pursuant to A.R.S. 38-431.02 notice is hereby given that the Pinal County Board of Supervisors and Pinal County Board of Directors will hold a Regular meeting on **Wednesday, July 3, 2024 at 9:30 AM** in the Board Hearing Room, 1891 Historic Courthouse, Administrative Complex, located at 135 N. Pinal Street, Florence, Arizona 85132. The public will have physical access to the meeting room at 9:15 AM.

Notice of Possible Recess: The Board may take a Recess around 12:30 PM and the meeting will reconvene around 1:00 PM.

Board Meetings are broadcasted live and the public may access the meeting on the County Website at Pinal.gov under "Meeting Videos."

Board Agendas are available on the County Website at Pinal.gov under "Agendas & Minutes."

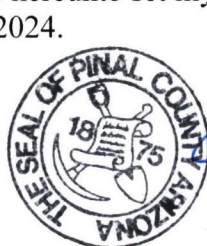
At any time during business hours, citizens may reach the Clerk of the Board Office at (520) 866-6068 or via email at [ClerkoftheBoard@pinal.gov](mailto:ClerkoftheBoard@pinal.gov) for information about Board meeting participation.

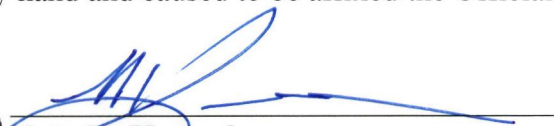
**Note:** One or more members of the Board may participate in this meeting by telephonic conference call.

I hereby further certify that I caused to be posted this Friday, June 28, 2024, around 11:00 AM the Regular Agenda, Flood Control District Agenda, Public Health Service District Agenda, and Executive Session as follows:

1. A kiosk located outside the front entrance to The Old Historical Courthouse, Administrative Complex Building, 135 North Pinal Street, Florence, Arizona 85132
2. County Website under Agendas & Meetings located at Pinal.gov
3. Emailed the NOVUS Agenda Distribution List and Clerk of the Board Notification Distribution List

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Official Pinal County, Arizona Seal this 28<sup>th</sup> day of June, 2024.



  
**Natasha Kennedy**  
Clerk of the Board of Supervisors  
Pinal County, Arizona

**CLERK OF THE BOARD OF SUPERVISORS**

1891 Historic Courthouse | 135 North Pinal Street | P.O. Box 827 | Florence, AZ 85132 | T: 520-866-6068  
[www.pinal.gov](http://www.pinal.gov)