

**AMENDMENT NO. 1  
TO CLINICAL EXPERIENCE AGREEMENT  
BETWEEN  
MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
AND**

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This Amendment No. 1 ("Amendment") revises certain provisions of the Agreement between the Maricopa County Community College District ("MCCCD"), a political subdivision of the State of Arizona, on behalf of its Colleges and Skill Centers ("College") and \_\_\_\_\_ ("Agency").

Pursuant to mutual agreement of the parties, this Agreement is hereby amended as follows:

**Paragraph A, Background**

This Agreement is limited to the students of <COLLEGE NAME> registered in its medical assisting program (defined in Agreement as "Program").

**Paragraph 2.7, College Responsibilities**

This requirement is not applicable to the medical assisting program.

**Paragraph 6, Insurance**

If Agency's insurance carrier/broker charges a fee to add MCCCD as an additional insured to Agency's general liability insurance policy, then Agency may waive this coverage by initialing the request for waiver below. Agency must furnish a certificate of insurance evidencing the required coverages, conditions, and limits required by this Agreement even though the certificate does not show MCCCD as an additional insured.

Initials: \_\_\_\_\_ Request for Waiver of Additional Insured Requirement

Except as specifically stated herein, all other terms and conditions of this Agreement remain unchanged.

In witness whereof, the parties have executed this Amendment No. 1 to the Agreement, effective on the date which the Amendment was duly executed.

**AGENCY:**

\_\_\_\_\_

By: \_\_\_\_\_  
Its Authorized Agent

Date: \_\_\_\_\_

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

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

**MCCCD:**

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
for its Colleges and Skill Centers

By: \_\_\_\_\_  
Margaret E. McConnell  
Assistant General Counsel

Date: \_\_\_\_\_