

**UCSF CAMPUS PROCUREMENT & BUSINESS CONTRACTS
TRAINING AFFILIATION AGREEMENT REQUEST FORM (SOM)**

DATE:	DATE OF NEXT SCHEDULED ROTATION:
AGREEMENT SUMMARY	
AGREEMENT TYPE: <input type="checkbox"/> INCOMING <small>(NON-UCSF TRAINEES COMING TO UCSF)</small> <input type="checkbox"/> OUTGOING <small>(UCSF TRAINEES GOING TO EXTERNAL AFFILIATES)</small>	TRAINEE TYPES: <input type="checkbox"/> GME <input type="checkbox"/> UME <input type="checkbox"/> PT <input type="checkbox"/> CLINICAL PSYCH <input type="checkbox"/> OTHER _____
FREQUENCY OF USE: <input type="checkbox"/> REGULAR <input type="checkbox"/> ONE-TIME FACILITY TYPE: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> MEDICAL GRP <input type="checkbox"/> SINGLE PHYS	AGREEMENT REQUIRED BY ACCREDITING ORG? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY ORG: <input type="checkbox"/> ACGME <input type="checkbox"/> LCME <input type="checkbox"/> CAPTE <input type="checkbox"/> OTHER _____
GME PROGRAMS ROTATING TO AFFILIATE SITES (SPECIFY, IF ANY):	UME PROGRAMS ROTATING TO AFFILIATE SITES (IF ANY):
SOM CONTACT'S NAME:	OTHER PARTY TO AGREEMENT:
SOM CONTACT'S TITLE:	OTHER PARTY'S CONTACT PERSON (INDICATE NAME & TITLE):
CAMPUS ADDRESS (INCLUDING BOX#):	MAILING ADDRESS:
PHONE EXTENSION:	PHONE NUMBER:
FAX NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
APPROVALS	
SOM CONTACT: SIGNATURE: _____ PRINT NAME: _____ TITLE: _____ DATE: _____	ASSOC DIRECTOR MEDICAL EDUCATION/designee: SIGNATURE: _____ PRINT NAME: HARRY HOLLANDER, MD TITLE: ASSOCIATE DIRECTOR, MEDICAL EDUCATION DATE: _____
GME DIRECTOR OF OPERATIONS (for new GME requests only) SIGNATURE: _____ PRINT NAME: _____ TITLE: _____ DATE: _____	MEDICAL CENTER CHIEF EXECUTIVE OFFICER or DESIGNEE (for UCSF Medical Center Incoming only) SIGNATURE: _____ PRINT NAME: _____ TITLE: _____ DATE: _____
FOR BUSINESS CONTRACTS INTERNAL USE: Date Received: File Name:	Assigned to: <input type="checkbox"/> BB <input type="checkbox"/> EB <input type="checkbox"/> PB <input type="checkbox"/> DJ <input type="checkbox"/> MK <input type="checkbox"/> DP <input type="checkbox"/> FS <input type="checkbox"/> AS Schools to include in agreement: <input type="checkbox"/> SOM <input type="checkbox"/> SON <input type="checkbox"/> SOP <input type="checkbox"/> SOD

INSTRUCTIONS FOR COMPLETING TRAINING AFFILIATION AGREEMENT REQUEST FORM

<p>DATE: The date the form was completed and remitted.</p>	<p>DATE OF NEXT SCHEDULED ROTATION: Every effort will be expended to meet this date or the expiration date of the prior agreement, whichever is sooner. Note that the negotiation process and/or existing workload may impact meeting the requested completion date.</p>
<p>AGREEMENT TYPE: Specify if this is an incoming agreement (other party is sending trainees to UCSF for clinical experience) or an outgoing agreement (trainees are being sent to other party's facility for clinical experience).</p>	<p>TRAINEE TYPES: Specify the type(s) of trainees involved in this agreement. Select all that apply.</p>
<p>FREQUENCY OF USE: Indicate how often trainees use the proposed facility.</p> <p>FACILITY TYPE: Specify the type of facility where training will take place. (Outgoing only)</p>	<p>AGREEMENT REQUIRED BY ACCREDITING ORG? Please indicate if an agreement is required by an educational accrediting organization.</p>
<p>GME PROGRAMS ROTATING TO AFFILIATE SITES (SPECIFY, IF ANY): List all applicable programs.</p>	<p>UME PROGRAMS ROTATING TO AFFILIATE SITES (SPECIFY, IF ANY): List all applicable programs.</p>
<p>SOM CONTACT'S NAME: This should be the administrative person familiar with the School business management of the agreement.</p>	<p>OTHER PARTY TO AGREEMENT: The name listed should be the complete <i>legal</i> business name of the other party. Use the full corporate name or full individual name.</p>
<p>SOM CONTACT'S TITLE: Indicate the title of the SOM contact person.</p>	<p>OTHER PARTY'S CONTACT: Preferably, this should be the individual who has the ability to enter into the agreement on behalf of the other party. Please indicate the name and title of the contact person.</p>
<p>CAMPUS ADDRESS: Include both the mailing address as well as campus box number.</p>	<p>MAILING ADDRESS: Include mailing address for business correspondence, including zip code.</p>

APPROVALS

<p>SOM CONTACT: Signature of administrative person familiar with the School business management of the agreement.</p>	<p>ASSOCIATE DIRECTOR OF MEDICAL EDUCATION /DESIGNEE: Indicates that the Associate Director of Medical Education/Designee approves the proposed transaction. Designations must be prearranged in writing with the business contract manager. This signature is required before the University can enter into a binding agreement.</p>
<p>GME DIRECTOR OF OPERATIONS (for new GME requests only): Indicates that GME Office has been notified and approves of new GME rotations.</p>	<p>MEDICAL CENTER CHIEF EXECUTIVE OFFICER or DESIGNEE (for UCSF Medical Center Incoming only): Agreements that require the provision of services and/or activities at the UCSF Medical Center must be approved by the Medical Center Chief Executive Officer or designee.</p>

ADDITIONAL INFORMATION

If you have questions regarding the use of this form, please contact Bonnie Bennett, Business Contracts at 415-502-3032. This form can mailed via campus mail box #0910, or faxed to 415-502-3031.