

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

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"/> MEPN <input type="checkbox"/> MS <input type="checkbox"/> PHD <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"/> BRN <input type="checkbox"/> CCNE <input type="checkbox"/> OTHER _____
SON CONTACT'S NAME: TONY LAU	OTHER PARTY TO AGREEMENT:
SON CONTACT'S TITLE: CLINICAL AFFILIATION ANALYST	OTHER PARTY'S CONTACT (INDICATE NAME AND TITLE):
CAMPUS ADDRESS: 2 KORET WAY, NURSING 319Y SAN FRANCISCO, CA 94143-0604 BOX #: 0604	MAILING ADDRESS:
PHONE EXTENSION: (415) 476-9708 FAX NUMBER: (415) 476-9707 E-MAIL ADDRESS: tony.lau@nursing.ucsf.edu	PHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
APPROVAL	AGREEMENT HISTORY
ASSOC DEAN FOR ADMINISTRATION/designee: SIGNATURE: _____ PRINT NAME: <u>ZINA MIRSKY</u> DATE: _____	CURRENT OR PREVIOUS AGREEMENT IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO START DATE: _____ EXPIRATION 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

DATE: The date the form was completed and remitted.

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.

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).

TRAINEE TYPES: Specify the type(s) of trainees involved in this agreement. Select all that apply.

FREQUENCY OF USE: Indicate how often trainees use the proposed facility.

AGREEMENT REQUIRED BY ACCREDITING ORG? Please indicate if an agreement is required by any educational accrediting organization.

FACILITY TYPE: Specify the type of facility where training will take place.

SON CONTACT'S NAME: This should be the administrative person familiar with the School business management of the agreement.

SON CONTACT'S TITLE: Indicate the title of the SON contact person.

OTHER PARTY TO AGREEMENT: The name listed should be the complete *legal* business name of the other party. Use the full corporate name or full individual name.

CAMPUS ADDRESS: Include both the mailing address as well as campus box number.

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.

MAILING ADDRESS: Include mailing address for business correspondence, including zip code.

APPROVAL

AGREEMENT HISTORY

ASSOC DEAN FOR ADMINISTRATION/designee: Shows that Associate Dean for Administration or designee has reviewed and approves of the proposed transaction. This signature is required before the University can enter into a binding agreement. Designations must be prearranged in writing with the Business Contract Manager.

CURRENT OR PREVIOUS AGREEMENT IN PLACE? Specify the start date and expiration date of the current or previous agreement in place with the affiliate (if any).

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.