

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

DATE:	DATE OF NEXT SCHEDULED ROTATION:
AGREEMENT SUMMARY	
AGREEMENT TYPE: <input type="checkbox"/> INCOMING (non-ucsf trainees coming to ucsf)  <input type="checkbox"/> OUTGOING (ucsf trainees going to external affiliates)	TRAINEE TYPES: <input type="checkbox"/> PHD <input type="checkbox"/> MS <input type="checkbox"/> PHARMD  <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 <input type="checkbox"/> OTHER	AGREEMENT REQUIRED BY ACCREDITING ORG? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, SPECIFY ORG: <input type="checkbox"/> ACPE <input type="checkbox"/> ASHP
SOP CONTACT'S NAME:  Suzanne M. Mackey	OTHER PARTY TO AGREEMENT:
SOP CONTACT'S TITLE:  Compliance Analyst	OTHER PARTY'S CONTACT (indicate name and title):
CAMPUS ADDRESS (include box number) :  Clinical Pharmacy 3333 California Street Suite 420 San Francisco, CA 94118 BOX: 0613	MAILING ADDRESS:
PHONE EXTENSION: (415) 514-2910  FAX NUMBER: (415) 502-0792	PHONE NUMBER:  FAX NUMBER:

E-MAIL ADDRESS: [mackeys@pharmacy.ucsf.edu](mailto:mackeys@pharmacy.ucsf.edu)

E-MAIL ADDRESS:

**APPROVALS**

SOP CONTACT:

ASSOC DEAN FOR ADMINISTRATION/designee:

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: Suzanne M. Mackey

PRINT NAME: Deborah Petrie, MSO.

TITLE: Compliance Analyst

TITLE: Department Manager

DATE:

DATE:

MEDICAL CENTER CHIEF EXECUTIVE OFFICER or DESIGNEE  
(for UCSF Medical Center Incoming only)

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR BUSINESS CONTRACTS INTERNAL USE:

Assigned to:  BB  LC  PB

MK  DP  FS  AS

Date Received:

Schools to include in agreement:  SOM

SON  SOP  SOD

File Name: