

**REQUEST FOR AFFILIATION AGREEMENT**

<b>PART I - BASICS</b>	
Date of Request	
Name of Person Requesting Agreement	
Phone of Requestor	
OUHSC Email of Requestor	
<b>PART II - SITE INFORMATION (specific location)</b>	
Site Name	
Address	
City/Zip	
Phone	
Contact Person / Title	
Email of Contact Person	
<b>Part III – CORPORATION INFORMATION (who owns the specific site?)</b>	
Corporation Name	
Address	
City/State/Zip	
Phone	
Contact Person/Title	
Email of Contact Person	
Name and Title of Person Authorized to Sign Contracts	
<b>PART IV – COURSE INFORMATION</b>	
Course Number	
Course Name	
Semester	
Course Faculty and Credentials	

- 1) Save the completed form to your computer.
- 2) Email the completed form to [Brenda-Hedrick@ouhsc.edu](mailto:Brenda-Hedrick@ouhsc.edu)