

REQUEST FOR AFFILIATION AGREEMENT

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

- 1) Save the completed form to your computer.
- 2) Email the completed form to Mary-White@ouhsc.edu