CLINICAL TRAINING AFFILIATION AGREEMENT TEMPLATE

INSTRUCTION SHEET

Title

• Insert the name of the Hospital/Provider

Preamble

• Insert the name of the Hospital/Provider and address

Section 13, Term

a. Insert the end date;
b. NOTE: Because there are no funds implicated, the term could be up to five years

Section 14, Notices

a. Insert name, address, email and telephone number for the point person for UDC
b. Insert name, address, email and telephone number for the point person for the Hospital

Signature Page

• Insert name of Hospital, name of signatory and title

Annex A – List the applicable programs to be covered by the Agreement

a. Name of Program
b. Program Director: Name and Contact Information
c. Duration of Rotation/Clinical Experience
d. Clinical Program Requirements
e. Degree Awarded

*STANDARD CONTRACT LANGUAGE SHOULD NOT BE REVISED WITHOUT UDC OFFICE OF GENERAL COUNSEL APPROVAL. WHEN MAKING REVISIONS TO THIS TEMPLATE, TURN ON THE “MARK CHANGES” OR REDLINING FEATURE.