

## **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.**