

STUDENT REQUEST FOR CONTRACT

DATE: _____

TO: AHSC Contracting Office, P.O. Box 245171 or Fax (520) 626-6588

FROM (prepared by): Name: _____
Phone: _____
Email: _____
COM Department: _____
Responsible Faculty/ Administrator: _____

PLEASE INITIATE AN: (check one)

- Affiliation Agreement –“AA” (Agreement with a site that is not mobile, i.e. Banner Good Samaritan)
- Preceptor Agreement – “PA” (Agreement with one doctor in a Private Practice Clinic i.e. John Doe, M.D.)
- Site Preceptor Agreement –“SPA” (Agreement with a site which requires mobility, i.e. Phx Orthopedic Group)
- Other: (Please Explain) _____

(Typically, most agreements will be Affiliation Agreements.)

WITH SITE (Provide complete legal name and address for the Site):

City _____ State _____ Zip _____

Please indicate if this is a rotation scheduled through: VSAS OTHER

SITE POINT OF CONTACT FOR CONTRACT (Name and Title):

Address (If different from legal address above):

Phone: _____
Email: _____

ROTATION DATES: FROM: _____ TO: _____
(When will the rotation begin and end)

SUPERVISOR’S NAME / TITLE: _____
(If you do not know the supervisor please provide the department)

Please provide any documentation regarding approval of the rotation as an attachment to this request form.