

REQUEST FOR CONTRACT

DATE: _____

TO: AHSC Contracting Office, P.O. Box 245171

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

PLEASE INITIATE AN: (circle one)

- Affiliation Agreement (Agreement with a site that is not mobile, i.e TMC)
- Preceptor Agreement (Agreement with one doctor, i.e. Private Practice Clinic)
- Site Preceptor Agreement (Agreement with a site that is mobile, i.e. Tucson Orthopedic Group)
- Professional Services Agreement (Either buying or selling a service, i.e. Buying a piece of a physician to teach or UA faculty being paid by Affiliate to consult)
- Other: (Please Explain) _____

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

City _____ State _____ Zip _____

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

Address (If different from legal address above): _____

Phone: _____
Email: _____

TERM: FROM: _____ TO: _____
Automatic Renewal: YES NO (circle one)
(will the site be used on a continuous basis)
Number of Students per year: _____
Proposed effective date of the agreement: _____

DIRECT SUPERVISION PROVIDED BY (If Applicable): AFFILIATE or UNIVERSITY (Circle One)
SUPERVISOR'S NAME / TITLE: _____

PURPOSE OF AGREEMENT/ ROTATION:

AGREEMENT OBJECTIVES:

