

Dear Medical Students:

As you begin initiating contact with prospective facilities for elective rotations, there may be requests to provide an affiliation agreement between Nova Southeastern University and the facility. In some cases, standing agreements may already be in place. If not, the process will begin by involving the Dean's Office and NSU Legal Affairs. Each situation is bound to be unique; time frames can also take several months to complete.

As we know these can be competitive placements, we encourage you to plan in advance and contact the facility directly for their individual requirements. In some cases, an application fee may apply. For more details, visit your facilities' website.

If a school affiliation agreement is needed, please complete the form below to request an affiliation agreement along with your elective rotation approval form. The Office of Clinical Education will forward the information on your behalf.

Instructions: Please complete the Request for Affiliation Agreement along with the application for rotation and return forms **at least 30 days in advance of the planned rotation** (60-days preferred) to the Office of Clinical Education for approval; the information will then be forwarded to the Dean's office for processing.

REQUEST FOR AFFILIATION AGREEMENT

Date of Request: _____ Current Year: M2 ____ M3 ____ M4 ____

Student Name: _____ Student Phone: _____

Student Email: _____

Name of facility where rotation will be conducted: _____

Facility Address:

Facility Contact Person/Title: _____

Telephone: _____ Email: _____

Planned Rotation Dates: _____

Discipline or Specialty _____

Has this rotation been approved by the above listed facility: YES NO

Have you verified with the above facility that they require an affiliation agreement for this
rotation? YES NO

Clinical Education approval: _____
Signature Date

FOR CLINICAL EDUCATION DEPARTMENT ONLY:

Is this a Core Rotation or an Elective Rotation?

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