University of Louisiana Monroe

College of

Location:

**Affiliation Routing Form**

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| ***Please complete this routing form for affiliations in clinical sites, fieldwork, internships, practicums, or rotations. This routing form and the affiliation document should be sent to the Dean’s Office of the program in a folder with a label on front cover indicating contact's name, office location, office phone number, and program. Each affiliation is to be submitted in its own folder.***  ***If affiliation does not contain items listed below\*, it must be routed through the Office of Academic Affairs.*** |

TO:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| THROUGH: (if applicable) | Office of Academic Affairs |  | Initial: |  |  | Date: |  |
| THROUGH: (designated reviewer, position) |  |  | Initial: |  |  | Date: |  |
| THROUGH: (Program Director) |  |  | Initial: |  |  | Date: |  |
|  |  |  |  |  |  |  |  |
| FROM: Program Contact |  |  | Initial: |  |  | Date: |  |

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| **AGREEMENT TYPE:** |  |  | Contract |  |  | MOU |  | Affiliation Agreement |

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| **AFFILIATION SITE/LOCATION:** |  |  |

**ITEMS BELOW MUST BE INCLUDED IN AFFILIATION DOCUMENT. INDICATE PAGE THAT THESE ITEMS ARE SHOWN. \***

|  |  |  |
| --- | --- | --- |
| Program Goals/Clinic Objectives |  |  |
|  |  |  |
| ULM Requirements |  |  |
|  |  |  |
| Site Requirements |  |  |
|  |  |  |
| Student Requirements |  |  |
|  |  |  |
| Insurance Coverage |  |  |
|  |  |  |
| ULM Indemnity |  |  |
|  |  |  |
| Site Indemnity |  |  |
|  |  |  |
| Governing Law – Must be Louisiana Law |  |  |

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| **Dean’s Office comments and/or Office of Academic Affairs’ comments, if any.** |

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| Date Received in Dean’s Office |  |  |  |  | | | | |
|  |  |  |  |  | | | | |
| Date Returned to Program Contact |  | Approved: |  | Yes |  |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Returned for corrections on |  | by |  | |
| Must resubmit to Dean’s Office for approval. | | | |