



College of Health and Human Services

REQUEST FOR AFFILIATION AGREEMENT

Please provide all necessary information to expedite the process. Allow 4 weeks for processing.

Date: \_\_\_\_\_

Major Area: BSN MSN FNP O&P MSOT
GERO MFT CLS REC
MSHS BSHS HUS KIN

Name of Student: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Preceptor Name /Title: Contact # \_\_\_\_\_

Course # \_\_\_\_\_ Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Person Responsible for Agency Contract: \_\_\_\_\_

\_\_\_\_\_
Title

\_\_\_\_\_
Email Address

Agency Phone #: \_\_\_\_\_

Agency Fax #: \_\_\_\_\_

Comments: \_\_\_\_\_

Seminar Instructor: \_\_\_\_\_

Please return form to: Nursing forms to Cathy Odell & all other forms to Alma Melena
College of Health & Human Services, 1000 E. Victoria Street, Carson, CA 90747
Fax: (310) 217 -6800