

Affiliation Agreement Request Form

Trainee Affiliation Agreement (TAA)

Letter of Agreement (LOA)

Project Title (Name of other institution):

Type of Agreement:

New Renewal Amendment

Type of Training:

Clinical Research Education Other

Number of Trainees:

Trainee Type:

Resident Fellow

Direction (incoming/outgoing or both):

Incoming outgoing both

Other Party Information

Name and address of other institution:

Contact Person (the person who will be handling the contract negotiations for other institution):

Name:

Title:

Email:

Phone:

Agreement Signatory/additional contact (if different from above):

Name:

Title:

Email:

Phone:

Training Site Address (if different from above):

Site Type:

Hospital Freestanding Clinic Physician or Medical Group Hospital Based Clinic
Academic Institution Community Organization Single Physician Other

Explanation of Training

Proposed Start Date:

Proposed End Date:

Supervisor Name (Faculty member/site director who will assume both education and supervisory responsibilities for trainee):

Supervisor Title:

Supervisor Affiliation:

UCSF Faculty Non-UCSF Faculty

Requestor Information

Your Name:

Program Name:

Your Email:

The following documents have been uploaded to the Office of GME Smartsheet affiliation request form:

Program Letter of Agreement (PLA) Goals and Objectives