

Health Professions & Advanced Practice Providers Affiliation Agreement Information Request Form

Thank you for your interest in entering into an affiliation agreement with Cleveland Clinic in Florida. In order to obtain approval for a new affiliation agreement, please complete the form below:

Today's Date	
Agreement Type	New <input type="checkbox"/> Renewal <input type="checkbox"/>
Clinical Coordinator	Name: Email:
Affiliation Agreement Contact Person (if different from Clinical Coordinator)	Name: Title: Email: Phone:
School's Full Legal Name and Address for the Agreement	School Name: School Address:
List all degrees/certificate programs to be covered under this agreement:	
Anticipated number of students:	
Start date of first rotation:	
Duration/length of rotation:	
Days or hours per week that the rotation requires:	
Will the school be sending an instructor to be onsite with the student(s)?	
Cleveland Clinic in Florida Site:	Weston <input type="checkbox"/> Martin <input type="checkbox"/> Indian River <input type="checkbox"/>

Document Checklist

- Program Accreditation certificate**, including start and end dates
- Professional and General Liability Insurance certificates**, minimum amounts of \$1 million per occurrence and \$3 million aggregate

Upon receipt of the requested information, we will be sending you an affiliation agreement template for review.

Contracts can take 60-90 days to execute.

Thank you!