


OHSU School of Nursing  
Request for Contract with a New Agency  
(This form is to be filled out only by OHSU faculty or staff.)

Required fields are highlighted in **red**. Submit completed requests to Kathi Rise ([risek@ohsu.edu](mailto:risek@ohsu.edu)) by clicking the "Submit" button at the top of the page. Syllabi must be attached with this request by clicking the paper clip icon  on the left side of the screen.

<b>Today's Date:</b>			
<b>Section 1: Agency Information</b>			
<b>Agency:</b>			
<b>Other Name Used to Describe Site/Aliases:</b>			
<b>Street Address:</b>	<b>Street Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip code:</b>
	<b>County:</b>		
<b>Phone:</b>			
<b>Fax:</b>			
<b>Website:</b>			
<b>Section 2: Parent Site or Company</b>			
<i>Please complete this section if the Site has a Parent Site or Company.</i>			
<b>Parent Site:</b>			
<b>Street Address:</b>	<b>Street Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip code:</b>
	<b>County:</b>		
<b>Phone:</b>			
<b>Fax:</b>			
<b>Website:</b>			
<b>Section 3: Agency Contact Information</b>			
<b>Name:</b>			
<b>Title/Role:</b>			
<b>Phone:</b>			
<b>Email Address:</b>			
<b>Section 4: Person Authorized to Sign Contracts on behalf of the Organization</b>			
<b>Name/Credentials:</b>			
<b>Title/Role:</b>			
<b>Phone:</b>			
<b>Email:</b>			
<b>Section 5: OHSU Initiating Faculty Information</b>			
<b>Name/Credentials:</b>			
<b>Title:</b>			
<b>Department:</b>			
<b>Phone:</b>			
<b>Fax:</b>			
<b>Campus:</b>			
<b>Email:</b>			
<b>Submitted by:</b>			
<b>Email:</b>			