**OHSU School of Nursing**

**Request for Contract with Agency**

**Required fields are marked with BOLD TYPE.** Submit completed form as an email attachment to Kathi Rise at risek@ohsu.edu.

***\*\*THIS IS AN INTERNAL DOCUMENT TO BE COMPLETED BY OHSU FACULTY OR STAFF ONLY\*\****

**Section 1: Agency Information**

|  |  |
| --- | --- |
| **Official Name** (as it should appear on contract) |  |
| Other Name/Alias Used |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Phone Number** |   |
| Website Address |  |
| **Sites (check one)** | **\_\_\_\_\_Single Site \_\_\_\_\_Multiple Sites (if multiple sites, please fill out page 2)** |
| **Charting information** | **\_\_\_\_\_Host Entity Record \_\_\_\_\_Paper Charting/No charting**  |
| **Scope** | **Does activity involve patient care? \_\_\_\_\_Yes \_\_\_\_\_No****Who will supervise students on site? \_\_\_\_\_OHSU faculty \_\_\_\_ Agency practitioners** |

Section 2: Parent Company (only if applicable)

|  |  |
| --- | --- |
| Parent Company Name |  |
| Street Address |  |
| City, State ZIP |  | Phone Number: |

Section 3: Site or Agency Contact/Preceptor Information if not same as Section 4 (This isYOUR contact at the site)

|  |  |
| --- | --- |
| Name/Credentials |  |
| Title |  |
| Email Address |  |
| Is s/he expecting this contract? | \_\_\_\_\_Yes \_\_\_\_\_No  | Will s/he be a preceptor? | \_\_\_\_\_Yes \_\_\_\_\_No |

**Section 4: Person Authorized to Sign Contracts for the Agency**

**Failure to correctly ID the authorized signer delays the agreement. This is usually a CFO, President, etc.**

|  |  |
| --- | --- |
| **Name/Credentials** |  |
| **Title** |  |
| **Email Address** |  |
| **Is s/he expecting this contract?** | **\_\_\_\_\_Yes \_\_\_\_\_No** | **Will s/he be a preceptor?** | **\_\_\_\_\_Yes \_\_\_\_\_No** |

**Section 5: OHSU Initiating Faculty Information** This section for use by Kathi

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Credentials** |  | Agency | EDITS: Y N DB |
| **Campus** |  | GS | OCA Host Req |
| **Program** |  | AFF-201  | OCA Req |
| **Term Placements to start** |  | AFF Dates | OCA  |
| **Is this for general use or one specific student?** | General Use \_\_\_Student Name: | Template: AgencyOHSU UNIV  | UNIV AFF-School |

X:SON:Departments:Administration:Contacting:NewContractRequests 20170217

Additional Site Information

|  |  |
| --- | --- |
| Site Name |  |
| Street Address |  |
| City, State ZIP |  | Phone Number: |

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|  |  |
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| City, State ZIP |  | Phone Number: |

Additional Site Information

|  |  |
| --- | --- |
| Site Name |  |
| Street Address |  |
| City, State ZIP |  | Phone Number: |

Additional Site Information (continue to copy sections to next page if more sites are to be included)

|  |  |
| --- | --- |
| Site Name |  |
| Street Address |  |
| City, State ZIP |  | Phone Number: |