

Student Affiliate Agreement Form

Please complete the following information. Your signature at the bottom indicates that you have read the clinical affiliation agreement for your facility and are willing to abide by the terms set forth by the facility and the University of Texas Science Center at San Antonio. Your signature also indicates that the additional information supplied is current and correct.

Malpractice Insurance: I have current liability coverage which expires on _____date.

CPR Certification: I have current CPR Certification with expires on _____date.

**Health Care and/or
Emergency Care
Insurance:** I have health and/or emergency care insurance and the following information is correct:

Name of Carrier: _____

Expiration Date: _____

**Facility Health
Requirements:** I have read the special health requirements for the clinical facility to which I have been assigned. I agree to meet these requirements and provide proof as requested by the individual facility.

**Clinical Facility
Contracts:** I have read the contracts pertaining to my clinical affiliations at the facility listed below. I agree to abide by the provisions stated in these contracts.

**Clinical Facility
Information:** I have read the information supplied by my assigned clinical facility.

Facility Name: _____

Student's Signature

Date