

AFFILIATION AGREEMENT COVER SHEET / Checklist

Please complete the following information and return to: Karen Wynn, Paralegal, The Pennsylvania State University, Office of General Counsel, 108 Old Main, University Park, PA 16802, klh40@psu.edu

1. Today's Date: _____
2. Agreement Start and End Date: _____ to _____
3. Other PARTY/SITE Name: _____
4. PSU Program: _____
5. Type of Program: _____ Clinical _____ Non-Clinical
6. Does your program/department utilize www.castlebranch.com? _____ No _____ Yes

If No, please note that students will be required to directly provide evidence of any required clearances, immunizations, health insurance, etc. to the Other Party/SITE. PSU will not provide or maintain such information for the students.

7. Will PSU Faculty be ON-SITE directly supervising the student? _____ No _____ Yes
8. Is this for an IN-BOUND student to intern at a PSU facility? _____ No _____ Yes

If Yes, please note that applicable PSU policies will need to be approved by your HR Representative (HR99, AD39 and/or AD72). If applicable, this will be explained further.

9. For International matters, please contact the Office of Global Programs' Grants and Contracts Administrator.
 10. Is your program subject to any rules or regulations of an accrediting body? _____ No _____ Yes
- If Yes, please note any specifications not included. Example: Is there a term limit for the agreement?
- _____

11. Please provide any additional information that you believe will be helpful for our review:
- _____
- _____

12. **Have you read and edited the Agreement as necessary before submitting it for review?**

We rely on the University Program Coordinator to review the academic program requirements delineated in the Agreement. Please review the entire agreement carefully for these program-specific provisions and identify whether they are accurate by marking them as 1) yes, you do provide them, 2) no, you don't provide, or 3) make revisions as needed to make them accurate (this will help speed the process). For example, if a provision requires that students must have completed a particular type of training (such as OSHA or blood borne pathogen training) prior to participating in the program, please write in the margin either "yes", "no" or revise the statement to make it accurate.

_____ No _____ Yes

Department Contact Information:

College/Admin Area/Campus: _____

Contact Person: _____

Phone Number: _____ E-mail Address: _____

Mailing Address: _____

Site/OTHER PARTY Contact Information:

Contact Person: _____

Phone Number: _____ E-mail Address: _____

Affiliation Agreement Cover Sheet Information

Send all Affiliation Agreements to: Karen Wynn, Paralegal, The Pennsylvania State University, Office of General Counsel, 108 Old Main, University Park, PA 16802, klh40@psu.edu

Please note before passing an Agreement to us:

- For out-bound students, the University typically does not require there to be an Agreement with an internship site. Most clinical placements will require an Agreement.
 - Where a clinical site or internship site requires an Agreement, the Agreement must be reviewed by the Office of General Counsel (“OGC”). In such instances, students and departments should plan *at least one semester* ahead of the intended start date. Students should also have a back-up plan in case an Agreement cannot be reached.
- **Insurance** – The University does not provide professional or general liability insurance for students engaging in internships.
- **Notices/Contact information** – Please fill in your name/Program Coordinator’s name and the Other Party’s Contact information. It is best that the Program Coordinator stay updated regarding information from the site/facility.
- Please fill in all other blanks and spaces where appropriate.

Routing Instructions:

- If you receive a signed original, please scan the Agreement and send it, along with the completed cover sheet, to the email address provided above. If a scanner is not available, please send the Agreement and cover sheet via inter-office mail to the address above.
- If the Agreement is not signed or an original, please send the Agreement and cover sheet to the email address provided above.
 - If revisions are necessary, OGC will return revised Agreement to the Other Party for their review, and copy the University Program Coordinator.
- Agreements reviewed and approved by OGC will be forwarded to the Assistant Treasurer for signature. Signed agreements will be forwarded to the University Program Coordinator.
- Copies are not maintained by the OGC or Assistant Treasurer. Your office must keep a copy of this Agreement on file as the official University copy.

Common Issues that delay the Process:

- Information in the Agreement that is left blank and not filled-in by the sponsoring office or department.
- If the Agreement requires an address, please use the Program Coordinator/office address for the sponsoring college, department or campus of The Pennsylvania State University.
- If the Other Party has already signed the Agreement, only Agreements with original signature are acceptable. Copies, including faxed copies, are not acceptable.
- When all mentioned exhibits, policies, terms conditions, rules, etc., are not sent with the Agreement.