



## Educational Affiliation Agreement Request Form

This form is to be used for all institutions requesting an affiliation agreement with any HealthPartners entity. The affiliation agreement must be completed and signed prior to any learners starting a clinical rotation.

### School Information

School Name:			
School Address:			
	Street Address		Department / Mail Stop
School Address:			
	City	State	ZIP Code
School Phone:		Alternate Phone:	
School Contact Name:		School Contact Title:	
School Contact Email:			
Representative from School to Sign Agreement:			
School Signatory's Title:			
School Program(s) to complete rotations:			
HealthPartners entity's / departments requesting rotations in:			

**IMPORTANT: THE PROCESS TO COMPLETE AN AFFILIATION AGREEMENT CAN TAKE UP TO 3 (THREE) MONTHS. A CLINICAL ROTATION MUST NOT BEGIN UNTIL THE AGREEMENT IS COMPLETED AND SIGNED BY ALL PARTIES INVOLVED.**

School Representative Signature:		Date:	
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Please return this form to the Office of Health Professional Education [HealthPartners Institute Contracts <HPInstituteContracts@HealthPartners.Com>](mailto:HPInstituteContracts@HealthPartners.Com) Regions Hospital, 640 Jackson Street, MS 11202F, Saint Paul, MN 55101)



HealthPartners Use Only

Agreement Tracking: \_\_\_\_\_

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