**SLIPPERY ROCK UNIVERSITY**

**UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT**

**IMPLEMENTATION LETTER**

The purpose of this letter is to provide a record of the clinical training affiliation agreement between the UNIVERSITY and the HOST AGENCY with respect to a clinical training experience for the UNIVERSITY’S registered students, and the agreement of the parties to abide by all terms and conditions of the Uniform Clinical Training Affiliation Agreement, which is hereby incorporated by reference, without modification or exception except as specified below. [*If there are any modifications or exception noted below, the Affiliation Agreement must be approved for form & legality. If there are no modifications, the Agreement is effective upon signing by the parties*.]

Modifications or Exceptions:

This AGREEMENT is effective when signed by all parties. The individuals executing this IMPLEMENTATION LETTER are authorized to sign on behalf of their institutions and certify that their institutions have accepted the terms of the Uniform Clinical Training Agreement and further agree to comply with its terms except as noted above.

**FOR HOST AGENCY: FOR THE UNIVERSITY:**

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Authorized University Official

Title: Title:

Printed/Typed Version of Name Printed/Typed Version of Name

Date: Date:

EFFECTIVE DATE OF AGREEMENT:

Approved as to Form and Legality:

University Legal Counsel Date

Revised October 30, 2020