

2019 CLINICAL CONTRACT REQUEST FORM (CCRF)

SMU INFORMATION

Date of Request:

___/___/___

Clinical Start Date:

___/___/___

TYPE OF AGREEMENT

- New Contract
 Renewal
 Amendment

DISCIPLINE

- PA
 OT
 CSPM
 PT

DISCIPLINE

- NSG-PL RN-BSN
 NSG-FNP/DNP
 NSG-CM
 NSG-CRNA

FACILITY DESIGNATION

<https://data.hrsa.gov/tools/data-explorer>

YES

NO

- Medically Underserved Population
 Medically Underserved Area
 Health Provider Shortage Area (HPSA)
 Federally Qualified Health Center

SMU OR SITE TEMPLATE

Please ask the Site if they prefer to use the SMU template agreement or if they will submit their agreement for SMU review.

- Site prefers to use the SMU template agreement.
 Site will submit their template agreement for SMU review.

SITE INFORMATION

LEGAL NAME OF SITE: _____

CONTRACT CONTACT PERSON/TITLE: _____

Housing Administrative Assistant | Quality Assurance Specialist

Phone: _____ Fax: _____

Email: _____

CONTRACT ADDRESS: _____

ROTATION SITE ADDRESS: Same as above Rotation or additional site address below:

CLINICAL COORDINATOR'S CHECKLIST

- I have made direct contact with the contract contact person listed above.
- All of the information listed above has been verified. **(YOU, personally, have made contact with the person listed above and the address, email, phone, fax and facility designation information is correct). CCRF's will be returned if the information is not complete and/or incorrect.**
- I have informed the agency Contract Specialist, Becky Carson Amos, will contact them regarding the *Agreement*.

By signing, I confirm I have verified the above information and I confirm the information is complete and accurate.

Clinical Coordinator

Signature

Date

OFFICE USE: Follow-up on: 1. _____ 2. _____ 3. _____