

**PROGRAM MEMORANDUM FOR AFFILIATION AGREEMENT BETWEEN  
FROEDTERT MEMORIAL LUTHERAN HOSPITAL AND**

---

This Program Memorandum pertains to the Affiliation Agreement (“the Agreement”) effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 200\_, between the two institutions named above. This Program Memorandum is an integral part of the Agreement and all terms used in both documents are intended to have the same meanings unless the context clearly indicates otherwise. If more than one Program is subject to the Agreement, however, the term “the Program” as used in this Program Memorandum is intended to refer only to the particular program identified in Paragraph 1 below.

**1. Program.** The Program to which this Program Memorandum applies: \_\_\_\_\_

---

---

**2. Date of Implementation.** Clinical experiences under the Program will begin on the following date: \_\_\_\_\_

(Note: This date must be either the same date as the effective date of the Agreement or a later date.)

**3. Liaison (see section 1(a) of the Agreement).**

(a) Name and/or title and telephone number of the employee of the School responsible for maintaining liaison with the Hospital for purposes of the Program: \_\_\_\_\_

---

---

(b) Name and/or title and telephone number of the employee of the Hospital responsible for maintaining liaison with the School for purposes of the Program: \_\_\_\_\_

---

---

**4. Preceptor (see Sections 6 and 7 of the Agreement).** Must the Hospital assign a preceptor? \_\_\_\_\_ Yes \_\_\_\_\_ No. If the answer is "Yes," give the name

and/or title of each preceptor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Maximum Number of Students (see Section 1(c) of the Agreement).** Maximum number of students from the School who will be permitted to participate in the Program at the Hospital during any one semester: \_\_\_\_\_

**6. Clinical Coordinator (see Sections 4 and 7 of the Agreement).** Name and/or title of the School's clinical coordinator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Address of the School (see Section 19 of the Agreement).** Name and address of the School for purposes of notices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

**8. Miscellaneous.** Any other terms and conditions appropriate for the implementation and operation of the Program and agreed to by both the School and the Hospital should be set forth on additional sheets and attached to this Program Memorandum.