



Affiliation Agreement Request Form with Stanislaus County Health Services Agency

☐ New Request☐ Renewal Request☐ Amendment

Institution Information

College/University Name: _____

College/University Address: _____

School/Department/Program Name: _____

Program Type: ☐ Masters ☐ Bachelors ☐ Certificate ☐ Other: _____

Primary Contact Information for Agreement

Contact Name: _____

Contact Phone: _____

Contact Title: _____

Contact Email: _____

Agreement Signee Information

Signee Name: _____

Signee Phone: _____

Signee Title: _____

Signee Email: _____

Supporting Documents Required:

- ☐ Course/Program Description
- ☐ Proof of Accreditation
- ☐ Proof of Valid Liability Insurance

* **Please Note:** For a detailed list of insurance requirements for your institution, please see Stanislaus County Insurance and Liability information at our website's Risk Management page: <https://www.stancounty.com/riskmgmt/risk-liability-sub-main.shtm>

Submission Instructions:

Please submit this completed form and supporting documents to Stanislaus County Health Services Agency at HSAsudent@schsa.org with the subject line "Affiliation Agreement Request" and your institution's name (*please see below example*).

Once your request is received, we will process your request and respond within 7-10 business days.

 Send	From	▼
	To	HSAsudent@schsa.org
	Cc	
	Subject	Affiliation Agreement Request - [YOUR UNIVERSITY NAME]