



# Affiliation Agreement {SAMPLE}

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**Note: This letter will be sent by Dr. Beyda. Please provide accurate preceptor contact information as soon as possible.**

Preceptor Name

Preceptor Contact Information

Month DD, YYYY

Dear Preceptor Name,

By way of introduction, I am the Director of the Global Health Program here at the University Arizona College of Medicine (COM) – Phoenix. Our fourth year medical students have an opportunity to experience an international rotation, gaining insight and an appreciation for practicing medicine in a country other than our own. Student Name has asked to spend an elective month at your site. I am excited about the possibility of partnering with you in this valuable educational experience.

The COM will provide liability insurance, medical evacuation and medical insurance for our students. We would like to ensure that the student has a valuable and creditable experience and ask that you provide mentorship and teaching for the student in the clinical setting. The student will not be expected to be a primary provider of medical care, and will act under your authority and direction. We do ask for a list of goals and objectives that the student and you can design together. We also ask you to evaluate the student at the end of the rotation so that the student can get formal credit for the elective.

One of our main responsibilities is to ensure the student's safety and health. We ask that if the student has been exposed to an infectious agent or hazardous material or has been injured or has a serious illness, that you provide as possible any assistance to the student to include immediate attention and referral to an appropriate health care facility that can provide emergency medical care. We would ask that you provide us with all incident reports, medical records and charges or fees for any care provided so that we can reimburse the health care facility and personnel. You can contact me directly at 602-xxx-xxxx for any and all emergencies.

If you would acknowledge the receipt of this letter by filling in the area below and sending this back to me, that would be appreciated. Thank you in advance for your consideration and participation. We are grateful for the opportunity to have our students learn under you and experience a part of medicine that will give them growth as a physician.

Sincerely,

David H. Beyda, MD

I acknowledge the receipt of this letter and will make every effort to mentor, guide, assist and ensure the student's education, safety and health.

Affiliate mentor: \_\_\_\_\_