



Affiliation Agreement Request Form

Requestor Name: _____ Requestor Title: _____

Requestor Email: _____ Requestor Phone: _____

Name of School: _____

Name of program(s): _____

How many students will complete rotations at Baptist Health Care and how often?

Do you have a Baptist Health Care sponsor willing to accept students in this program? If yes, please provide the sponsor's name:

Additional information:

** Please note that the Baptist Health Care standard affiliation agreement is required to be signed upon approval of the affiliation agreement request. This document is largely non-negotiable. We will provide the standard affiliation agreement to the contact above. If changes are required, please make them in a Microsoft Word document, using track changes.**

Please scan this request form to students@bhcpns.org

Thank you for your interest in Baptist Health Care! We look forward to working with you!