

## School of Health Professions Review of Affiliation Agreement

Attn:

Original agreement date:

\_\_\_\_\_

Review of Agreement date:

\_\_\_\_\_

Programs currently covered by agreement:

- |   |  |
|---|--|
| <input type="checkbox"/> Occupational Therapy         | <input type="checkbox"/> Physical Therapy            |
| <input type="checkbox"/> Respiratory Care             | <input type="checkbox"/> Physician Assistant Studies |
| <input type="checkbox"/> Clinical Laboratory Sciences |  |

Currently the University of Texas Medical Branch, School of Health Professions has a contractual agreement with your facility to serve as a clinical affiliate for students enrolled in the allied health sciences at our university. Our records indicate that your facility has accepted our students within the past 5 years. It is recommended by the Southern Association of Colleges and Schools that contractual agreements between facilities that accept students for Fieldwork Education be renewed every 5 years. We request confirmation that your facility is willing to continue our existing agreement by signing below.

**FACILITY:**

**SCHOOL:**

**THE UNIVERSITY OF TEXAS MEDICAL  
BRANCH AT GALVESTON**

**BY:**

\_\_\_\_\_

**NAME:**

\_\_\_\_\_

**TITLE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

\_\_\_\_\_  
Elizabeth Protas, P.T., Ph.D.

Vice President & Dean

George T. Bryan Distinguished Professorship  
School of Health Professions

**DATE:**

\_\_\_\_\_