



OHIO
UNIVERSITY

COLLEGE OF HEALTH SCIENCES AND PROFESSIONS
SCHOOL OF NURSING

**Affiliation Agreement Request Form
RN to BSN**

The Ohio University RN to BSN NRSE 4600 course requires a clinical practice project. This 21-hour project for NRSE 4600 must include a component which is 1 – 2 hours of direct engagement with the goal of impacting patient outcomes. For example, once approval of his/her project by the NRSE 4600 Course Lead has occurred, the student could present to a group of nurses, or patients, or healthcare workers, etc. on a topic that could improve patient outcomes or something that would positively impact the caring of patients. From the University's point of view, an affiliation agreement (AA) with the facility where the approved project will be completed is not necessary. However, if the agency/facility will not allow the NRSE 4600 project without an AA, the RN to BSN student must complete and submit this form.

This completed form will be provided to the College of Health Sciences and Professions (CHSP) Office of Clinical Education to initiate the AA request with the agency/facility. The Sr. Director for Clinical Education will work as liaison between the School of Nursing and the agency/facility representative to finalize an agreement prior to the start date of the clinical course. Once finalized, the AA will be emailed from the Clinical Education Office to the agency/facility and the student will be notified once the AA has been secured.

PLEASE NOTE: The School of Nursing cannot guarantee the amount of time that it will take for a final AA to be signed by both parties. It is also possible that a final agreement will not be reached if either party cannot agree to the terms of the contract. If the agreement is not finalized prior to the start date of your course (or it has been determined that an agreement cannot be reached), it is important that you consult with the Course Instructor and your School of Nursing Academic Advisor should you need to drop and/or reschedule your course.

Academic year and term: Fall _____ Spring _____ Summer _____

Expected rotation start date: _____

Course name and number for which placement is requested: NRSE 4600 Nursing Excellence

**ALL information below must be provided before a request will be initiated with the agency.
PLEASE WRITE LEGIBLY TO AVOID ERRORS IN EMAIL ADDRESSES AND CONTACT NAMES.**

Agency Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Agency contact person authorized to sign the affiliation agreement:

Name: _____ Title: _____

Phone: _____ Email: _____

Student Requesting Agreement:

Name: _____

Phone: _____ Ohio University Email: _____

Signature: _____ Date: _____