



**Affiliation Agreement Request Form
RN to BSN**

The Muskingum University RN to BSN NURS 480 course requires a clinical practice project. NURS 480 includes a clinical component, which is direct engagement of patients, families, or populations with the goal of impacting patient outcomes. Once approval of the project has occurred, the student will present the project to a group of nurses, patients, healthcare workers, or other key stakeholders. The project is expected to be something that will improve patient outcomes and/or positively impact the care of patients. From the University's point of view, an affiliation agreement (AA) with the facility where the approved clinical project will be completed is not necessary. However, if the agency/facility will not allow the NURS 480 project without an AA, the RN to BSN student must complete and submit this form to their academic advisor. Your nursing advisor will work as a liaison between the nursing program and the agency/facility representative to finalize an agreement prior to the start date of the course. Once finalized, the AA will be sent to the agency/facility, and the student will be notified that the AA has been secured.

PLEASE NOTE: Muskingum University 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 the course (or it has been determined that an agreement cannot be reached), it is important that you consult with the NURS 480 course instructor and your nursing advisor should you need to drop and/or reschedule the course.

Academic year and session: Spring I _____ Summer _____

Expected rotation start date: _____

Course which placement is requested: NURS 480

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: _____

Muskingum University Email: _____

Signature: _____ Date: _____