Trainee Affiliation Agreement (TAA)

Letter of Agreement (LOA)

Project Title (Name of other institution):						
Type of Agreement:						
New Renewal Amendment						
Type of Training:						
Clinical Research Education Ot	her					
Number of Trainees:						
Trainee Type:						
Resident Fellow						
Direction (incoming/outgoing or both):						
Incoming outgoing both						
Other Party Information						
Name and address of other institution:						
Contact Person (the person who will be handling	g the contract negotiations for other institution):					
Name:	Title:					
Email:	Phone:					
Agreement Signatory/additional contact (if different from above):						
Name:	Title:					
Email:	Phone:					
Training Site Address (if different from above):						

Site Type:								
Hospital	Freestand	nding Clinic Physician or Medical Group Hospital Based Clini				ital Based Clinic		
Academic II	nstitution	Community	Organization	Single Physicia	an	Other		
Explanation o	of Training							
Proposed Star	rt Date:	Date: Proposed End Date:						
Supervisor Na responsibilitie			irector who will	assume both educ	cation ar	nd supervisory		
Supervisor Tit	tle:							
Supervisor Af	filiation:							
UCSF Fa	culty N	lon-UCSF Facul	lty					
Requestor In	<u>formation</u>							
Your Name:								
Program Nam	ne:							
Your Email:								
The following	documents l	nave been uplo	aded to the Offi	ce of GME Smarts	heet aff	iliation request for	m	
Progra	am Letter of A	Agreement (PLA	A) Goals	and Objectives				