

**CLINICAL AFFILIATION CONTRACT INITIATION  
Information – 1<sup>st</sup> Telephone Contact**

**Initiator:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**Physical Address (if different from above)** \_\_\_\_\_

**Facility Contact: Name/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

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- 1. Has facility had students in the past?  Yes  No
- 2. What type of patients are typically seen by physical therapy? \_\_\_\_\_

3. Are they interested in developing a contract with a new program?  Yes  No  Later

4. Do they typically have an opening when we are looking at placing a student?  Yes  No

*If so, what term* \_\_\_\_\_

5. Will they use ASU's contract or do they have a Facility Contract?  ASU  Facility

6. If they use their own contract, how can we initiate the process? \_\_\_\_\_

7. Who is the contact person for a contract? \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address (if different):** \_\_\_\_\_

**Other comments:** \_\_\_\_\_