



Affiliation Agreement Request Information

Name of Business:	
Legal Name of Business: (as it will appear on the contract)	
Name of Authorized Signatory:	
Title of Authorized Signatory:	
Email of Authorized Signatory:	
Name of Site Coordinator of Clinical Education (SCCE):	
Title of Site Coordinator of Clinical Education (SCCE):	
Physical Address:	
Mailing Address:	
City, State, & Zip Code:	
Is the business affiliated with a part of a larger corporation? -If yes, what is the name of the larger corporation?	
Does your business have an affiliation template contract you use? -If yes, please send a copy of the template -If no, we can provide copy of WSSU template	

**Please submit to Director of Clinical Education Cheyenne Brown at
brownc@wssu.edu**