**TEXAS STATE UNIVERSITY**

**COLLEGE OF HEALTH PROFESSIONS  
REQUEST FOR AFFILIATION AGREEMENT**

Please send your request to the following designee, depending on the first letter of the facility name.

**A – I = Janet Johnson (**[**jlj158@txstate.edu**](mailto:jlj158@txstate.edu)**) and J – Z = Ashley Ricks (**[**nlc96@txstate.edu**](mailto:nlc96@txstate.edu)**).**

**DATE:**

It is requested that approval be given for obtaining an affiliation agreement with (**)** for the purpose of placing a student in an internship/residency/clinical practice.

It is desired that students be placed in this agency under the agreement beginning **(XXXX**.

**Request Type:** **New Agreement, Renewal Agreement, Update Agreement**

**(circle/highlight one)**

**Contact Person:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

**Send Via:** Email or Mail

Circle One

**Justification: Start August 25, 2025, Student Cameron Roy; Purpose: Acute Care facility in Beaumont, TX**

Clinical Education Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Placement

Coordinator/Field Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Placement Coordinator:

Dept/Program Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Chair:

Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_