

CL-E: Letter of Agreement for Sharing of a Clinical Affiliate

Standard A3.5

Name of clinical affiliate: _____

Address, city & state: _____

Current JRCNMT-approved capacity for this affiliate: _____ (Can be obtained by calling JRCNMT office)

Requested new capacity for this affiliate (if changing): _____ (Must be supported by affiliate application data)

Student capacity numbers on this form are not final until official action is taken by the JRCNMT

Complete the table below to identify the nuclear medicine programs utilizing this affiliate and the designated student capacity assigned to each program. Identify the specific months and days of the week each program will assign students to the affiliate.

NOTE: A facility can only be shared if it is willing to guarantee at least one student slot to each program seeking access.

Program	Student Capacity	Months and Days of Use

With prior communication and consent of the appropriate parties, a program may utilize a temporarily unfilled student position of another program at this affiliate. Such action does not constitute a temporary or permanent increase in total student capacity for that program.

Provide an explanation of the process the programs and clinical affiliate have implemented to ensure this agreement is upheld and the maximum approved capacity for the affiliate is never exceeded.

Dated signature of each Program Director and the Affiliate's Education Supervisor(s)

Program Director #1

Program Name

Date

Program Director #2

Program Name

Date

Program Director #3

Program Name

Date

Affiliate Education Supervisor

Date

Affiliate Education Supervisor(if more than 1)

Date