

Proposed Clinical Facility Form/Affiliation Agreement

Program:	<u>Nursing MSN</u>	Date of Contact	<u>08/02/2019</u>
Requesting Faculty:	<u>Lisa Smith, RN, BSN</u>		
Phone:	<u>478-445-1807 cell478-363-9421</u>	Fax:	<u>478-445-1121</u>
E-mail:	<u>Lisa.smith01@gcsu.edu</u>		
Type of Contact:	<input type="checkbox"/> Site Visit	<input type="checkbox"/> Other	Describe: _____
	<input type="checkbox"/> Phone Contact		
Type of Learning Activity:	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> Internship	
	<input type="checkbox"/> Practicum	<input type="checkbox"/> Other	Describe: _____

Facility/Agency Contact Information

Legal Name of Facility/Agency: Life Cycle OB/GYN & Pediatrics

Mailing Address: 2739 Felton Drive

City: East Point State: Ga Zip: 30344

Phone: 404-228-0601 Fax: _____

Physical Address, if different from above: saa

City: _____ State: _____ Zip: _____

Does facility/agency have their own learning agreement or contract for Georgia College to use?

Yes (if yes, please attach or submit electronically) No

Name of person responsible for **receiving contracts**: Alex Grimen

Title: Practice Manager

Phone, if different from above: 404-766-8371 Ext.: _____

E-mail: lifecyclepediatrics@gmail.com

Preferred Method of Receipt: E-mail Both
 Mail

Name of person responsible for **signing contracts**: Alex Grimen

Title: Practice Manager

Phone, if different from above: 404-766-8371 Ext.: _____

E-mail: lifecyclepediatrics@gmail.com

Name of **learning experience contact person**: Sheena Gonzalez

License/Certification #: RN 246497

Phone, if different from above: _____ Ext.: _____

E-mail: Sheena.rene.des@gmail.com

Information about facility/agency

Classification of facility/agency: LLC

Approval by any State and/or Federal and/or national licensing or accrediting body: _____

Descriptive information of potential experience(s):

Description of course specific learning activities, goals, and student outcomes:

Description of clinical, collaborative, or partnership benefit to the agency:

Any additional information about agency which the College of Health Sciences should know:

Number of beds: n/a

Number of open beds: n/a

Census on the day of the visit: n/a

Average number of clients/month or day: adequate

Other information:

Approvals: Lisa D. Smith Date: 08-05-2019
Site Requestor/Faculty Member Signature

Deborah MacMillan Date: 08-05-2019
Department Chair Signature

Current MOU Expires: _____
Expiration Date

New MOU Requested Semester/ Year Fall 2019
Semester Year