***Page 1- Delete this page prior to finalizing this agreement -***

**Background information: AAMC Uniform Clinical Training Affiliation Agreement.**

The AAMC Uniform Clinical Training Affiliation Agreement was developed to reduce the need to negotiate and re-negotiate agreements for short-term, supervised training experiences that represent relatively low risk to all involved.

After significant outreach and engagement across the medical education community, the agreement was finalized and then endorsed by the Liaison Committee on Medical Education.

**The goal is to eliminate unnecessary time and resources spent negotiating (and re-negotiating) agreements, when a standard, predictable approach is sufficient.** The AAMC Uniform Clinical Training Affiliation Agreement is a simple, one-size-fits-all agreement.

The AAMC Uniform Clinical Training Affiliation Agreement is incorporated by reference and implemented through a one-page Implementation Letter signed by the medical school and the host clinical institution. For those who need to modify or add provisions because of state law requirements or for other unique reasons, the Implementation Letter can be modified to reflect those requirements.

**Legal/Contract Reviewers:** To help this agreement achieve its goal of reducing administrative burden, you are strongly encouraged to consider whether the terms of the agreement are acceptable as presented. The terms have been carefully composed to meet most medical school and host clinical institution needs. If you have been using standard terms or a template pre-approved by counsel, please consider having this agreement approved so that you can use it without modification moving forward. For more information on how this agreement was created and the reasoning behind the terms, see our [FAQs](https://www.aamc.org/media/23191/download).

A listing of institutions currently using the Uniform Clinical Training Affiliation Agreement can be found on the [AAMC’s website](https://www.aamc.org/professional-development/affinity-groups/gsa/clinical-training-affiliation-agreement).

**Use of the AAMC Uniform Clinical Training Affiliation Agreement, through execution of an Implementation Letter by the medical school and the host clinical institution saves time, reduces costs, and standardizes expectations.**

**Updated 2021**

#

# AAMC UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT

# IMPLEMENTATION LETTER

The purpose of this letter is to provide a record of the clinical training affiliation agreement between the SCHOOL and the HOST AGENCY with respect to a clinical training experience for the SCHOOL’S registered students, and the agreement of the parties to abide by all terms and conditions of the AAMC Uniform Clinical Training Affiliation Agreement (dated June 4, 2015), which is hereby incorporated by reference, without modification or exception except as specified below.

Modifications or Exceptions (if none, please indicate by writing “none”):

This IMPLEMENTATION LETTER is effective when signed by all parties. The individuals executing this IMPLEMENTATION LETTER are authorized to sign on behalf of their institutions and certify that their institutions have accepted the terms of the Uniform Clinical Training Agreement and further agree to comply with its terms except as noted above.

**SCHOOL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**HOST AGENCY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_