

## DGMC GME Training Affiliation Agreement Questionnaire

Additional information is required to complete your training agreement draft. Please return this completed form (questions 1-14) via email to the TAA Coordinator as soon as possible.

1. Proper name of civilian institution

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2. Address of civilian institution

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3. Signature block and title of official authorized to approve the training affiliation agreement

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4. Accrediting agency

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5. Brief overview of the functions to be accomplished. Please be specific.

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6. Name/type of degree (residency, degree, or certificate awarded)

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7. Work areas to be utilized

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8. Timeframe of training

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9. Source of professional liability insurance

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10. Copy of current liability insurance certificate

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11. What is the student's status (CIV/AD/RES/ HPSP USHUS on elective rotation)?

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12. What will the students status be while completing rotation?

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13. Name of requestor?

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14. Name of preceptor?

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15. What impact does precepting/teaching have on own department production?

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16. (FOR PRECEPTORS ONLY) Preceptor will need to get signature of Flight Commander/ Functional that they have the capacity to precept student.

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