



**WINSTON-SALEM**  
STATE UNIVERSITY

DEPARTMENT OF PHYSICAL THERAPY  
Winston-Salem State University  
Winston-Salem, NC 27110  
P: 336-750-2664 | E: brownc@wssu.edu

## **Affiliation Agreement Request Information**

<b>Name of Business:</b>	
<b>Legal Name of Business: (as it will appear on the contract)</b>	
<b>Name of Authorized Signatory:</b>	
<b>Title of Authorized Signatory:</b>	
<b>Email of Authorized Signatory:</b>	
<b>Name of Site Coordinator of Clinical Education (SCCE):</b>	
<b>Title of Site Coordinator of Clinical Education (SCCE):</b>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>City, State, &amp; Zip Code:</b>	
<b>Is the business affiliated with a part of a larger corporation?</b> -If yes, what is the name of the larger corporation?	
<b>Does your business have an affiliation template contract you use?</b> -If yes, please send a copy of the template -If no, we can provide copy of WSSU template	

**Please submit to Director of Clinical Education Cheyenne Brown at  
brownc@wssu.edu**