



CONTRACT REVIEW COVER PAGE

I am forwarding the attached for legal review by the Office of the General Counsel.

(Please check one)

A. Standard VCU clinical affiliation/preceptor agreement.

OR

B. Non-standard agreement to which I have negotiated required changes and obtained consent of facility.

(Check all that apply)

- 1. I certify that the non-standard agreement is with my School and Department — not with “Virginia Commonwealth University.”
- 2. I have offered the standard VCU affiliation agreement to this facility. Facility refused to use that standard agreement.
- 3. I have deleted prohibited language that **requires** the School and Department to:
 - a. Be governed by laws of another state, other than the Commonwealth of Virginia.
 - b. Bring legal action in another state or in another town, other than Richmond, in Virginia.
 - c. Indemnify or “hold harmless” the facility from losses, claims or damages arising out of agreement.
 - d. To carry “medical malpractice liability insurance” rather than referring to self-insured coverage under the Commonwealth of Virginia’s self-insured Risk Management Plan.
 - e. To “ensure” performance of any actions on part of students or other third parties. (We can only agree to advise/tell them of facility’s requirement. We cannot ensure their compliance.)
 - f. To agree to incur penalties for any act under affiliation agreement.

Please review and forward to Dr. Sarrett for execution if agreement is legally sufficient. Thank you.

Name: _____ **Date:** _____

Address: _____ **Call for pickup:** _____