Checklist for Applying Contract of Affiliation Please submit the requirements in the following order:

ECHYEL

Fo	or Nursing / Practical Nursing
	☐ Three (3) copies of Memorandum of Agreement duly signed by University / College
	Authorities;
	One (1) xerox copy of CHED / TESDA permit;
	One (1) copy of Certificate of home – based hospital (indicate number of bed
	capacity);
	One (1) copy of Certificate that students had undergone related learning theories in
	Psychiatry; One (1) copy of Certificate of qualified Clinical Instructor (MAN graduate). Please
	specify the name/s of Clinical Instructor/s;
	One (1) copy of Course syllabus;
	One (1) copy of Certificate of Approval for Cross Regional Affiliation (if applicable).
	Coordinator : Mobile No
Fo	or Caregiver / Nursing Aide
	☐ Three (3) copies of Memorandum of Agreement duly signed by University / College
	Authorities;
	One (1) xerox copy of TESDA permit;
	One (1) copy of Certificate that students had finished the Module on Mental Health;
	One (1) copy of Certificate of qualified Clinical Instructor (preferably a Nurse with 27
	units in MAN). Please specify the name/s of Clinical Instructor/s; One (1) copy of Course syllabus.
	Cole (1) copy of course synabus.
	Coordinator: Mobile No
	Note: Application for affiliation shall be filed two months before the start of actual affiliation period.
	Checked by:
	ROLANDO F. BONIQUIT II, PTRP,RN
	Nurse IV- Nurse Training Officer
	In-Charge, Nursing affiliates
	HODSS Office:
	HOPSS Office: