



AADMRT ONLINE

Limited Permit X-Ray Technician Program

AFFILIATED CLINICAL SITE AGREEMENT

Affiliated Clinical Site: _____ FAC: _____
(Business or School Name)

Address _____ State _____ Zip Code _____

Business Owner:

_____ Last _____ First _____ MI _____ Title _____

Telephone # _____ Mobile # _____ Fax # _____

Email Address _____

Supervising Lead Licentiate:

_____ Last _____ First _____ MI _____ Title _____

Degree(s) _____

By signing this agreement the parties agree to the following:

- A. All affiliated clinical sites are subject to announced and unannounced Department inspections.
- B. All affiliated clinical sites are responsible for updating AADMRT Online of any changes, including changes to personnel and party names, as they occur.
- C. Termination Clause: At a minimum Affiliated Sites must provide three months notice of termination or assurance that currently enrolled students assigned to the facility will be able to complete their clinical assignment at that facility.

Affiliated Clinical Site

Business Owner _____ Date _____

Note: Authority cited: Sections 114870(a) and 131200, Health and Safety Code. Reference: Sections 107035, 114870, 131050, 131051 and 131052, Health and Safety Code.

Lead Licentiate _____ Date _____

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CEO/Program Director _____ Date _____