

**University System of Georgia  
FY 2005 Report of Clinical Training  
and Applied Learning Experience Agreements**

<http://www.usg.edu/sra/datasys/other/>

**Sheet One: Instructions**

Please see the report form as sheet 2 of this Excel worksheet.  
You may extend the length of the cells and add rows as needed.  
Please do not use abbreviations that may be obscure.

When your report is complete, please have it approved by your president before forwarding it to us. Indicate the approval date on the last page of the form you submit. Attach the approved report in an email to Nicola Juricak at nicola.juricak@usg.edu. Mail or fax the president's signed approval form as soon as possible.

Please email Ms. Juricak or call her at 404-656-2213 if you have any questions.

**Report Due Date: August 5, 2005**

**Sheet Two: Report Form**

Institutional Contact: Fill in this information so we may contact you if necessary.

Institutional Programs: Use the program name as it appears in the A.L.E. agreement, e.g., Psychology, Health and Kinesiology, Nursing.

Cooperating Agency: List the name of the agency. This is called Name of Facility on the standard MOU form. If you use abbreviations, please use only familiar ones. Place an X in the box if the facility or agency is a member of the Georgia Hospital Authority (GHA).

Start/End Dates: If possible, use numerals, slashes, and dashes, e.g., 01/01/05-12/31/05 or the mmddyy-mmddyy format.

New/Renewal: Place an X in the appropriate box.