



WOMACK ARMY MEDICAL CENTER  
GRADUATE MEDICAL EDUCATION

CIVILIAN AFFILIATION AGREEMENT REQUEST

The Training Institution will send a letter on organizational letterhead requesting the establishment of a Civilian Affiliation Agreement. The letter should detail the following points:

- Full address information for the training institution
- Point of contact information at the institution and for the program of the student
- Program the trainee(s) is enrolled in
- Status of national educational/professional agency accreditation of the institution
- Degree / certificate / license that is earned upon completion of studies...
- Specific educational experience/rotation(s) being requested at Womack Army Medical Center (WAMC)
- Proposed time period for the requested clinical rotation(s)
- Number of students or trainees being requested to come to WAMC
- Whether the request is for a single rotation or for recurring rotations
- Proper signature blocks for person (s) who will be signing the agreement (President / Dean / Provost, other school official)
  - Name and title of first Individual, (post nominal letters)
  - Name and title of Second Individual

Attach the objectives for the requested rotation(s) and any evaluation instruments required.

Email this letter as quickly as possible to:

DME Program Support Specialist, Department of Medical Education  
Womack Army Medical Center (MCXC-ME)  
2817 Reilly Rd  
Ft. Bragg, NC 28310-7302  
(P) 910-364-9013  
[usarmy.bragg.medcom-wamc.list.dme-gme@mail.mil](mailto:usarmy.bragg.medcom-wamc.list.dme-gme@mail.mil)