**[INSTRUCTIONS FOR COMPLETING THIS FORM ARE IN RED AND BRACKETS. PLEASE COMPLETE EVERY FIELD AND DELETE ALL INSTRUCTIONS INCLUDING THE BRACKETS. NOTE: THERE SHOULD ONLY BE ONE CLINICAL AFFILIATION AGREEMENT FOR THE COLLEGE/UNIVERSITY WITH A FACILITY. BEFORE ESTABLISHING A NEW AGREEMENT WITH A FACILITY, OR AMENDING AN AGREEMENT, PLEASE CHECK INTERNALLY AT YOUR CAMPUS TO DETERMINE WHICH ALLIED HEALTH PROGRAMS SHOULD BE INCLUDED IN THE AGREEMENT.]**

**STATE OF MINNESOTA**

**MINNESOTA STATE COLLEGES AND UNIVERSITIES**

**[Insert your Institution Name]**

**AMENDMENT TO MEMORANDUM**

**OF AGREEMENT**

WHEREAS, the Board of Trustees of the Minnesota State Colleges and Universities, on behalf of [Insert your Institution name] (hereinafter "the College/ University") and [Insert Facility full name and address] ("the Facility") have entered into a Memorandum of Agreement to assist in educating persons to be qualified or better qualified nursing and allied health personnel; and

WHEREAS, the College/ University and the Facility have agreed that additional provisions are necessary to implement the clinical experience program for students of nursing and other allied health programs enrolled in the College/ University; and

WHEREAS, the Memorandum of Agreement does not address the parties' relationship with regard to [Insert a brief description of the subject matter to be added]*:*

NOW THEREFORE, IT IS AGREED BY AND BETWEEN THE PARTIES HERETO:

That the Memorandum of Agreement shall be amended as stated below:

Revision 1. [Insert language to be added. If modifying or deleting language from the Memorandum of Agreement, specify which paragraph or section of the MOA is being modified]

Except as herein amended, the provisions of the Memorandum of Agreement remain in full force and effect.

[When finalizing document, format document so the entire signature page remains on the last page]

IN WITNESS WHEREOF the parties have caused this Amendment to be duly executed intending to be bound thereby.

**APPROVED:**

**1. FACILITY**

|  |
| --- |
| By (authorized signature) |
| Title |
| Date |
| By (authorized signature) |
| Title |
| Date |

**2. COLLEGE/UNIVERSITY:**

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |

**3. AS TO FORM AND EXECUTION:**

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |