

June 15, 2017

MS TERESA MAIN
LAKE STEVENS SCHOOL DISTRICT
12309 22ND ST NE
LAKE STEVENS WA 98258

RE: Review of Affiliation Agreement 14150248AA

We currently have an affiliation agreement in place between Everett Community College and Lake Stevens School District. The agreement requires that it be reviewed no later than three years from its effective date, or earlier at the request of either party. The affiliation agreement is due for review by September 22, 2017.

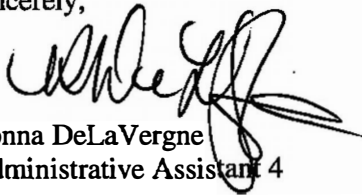
Enclosed are two original Term Reviews for the agreement, and a Clinic Checklist which we ask you to complete in order for us to update our records. If the Term Review meets your approval, please sign the two original documents and return them in the enclosed postage-paid envelope, along with the completed Clinical Checklist, to:

Ronna DeLaVergne
Everett Community College
2000 Tower Street
Everett, WA 98201

I will, in turn, forward the agreements to Jason Smith, Dean of Health Sciences and Public Safety for review and signature. Once he has signed the documents, I will return one original to you for your records. If you have any questions or concerns, please feel free to call me at 425-388-9936.

Thank you for your willingness to provide clinical experiences for our students. We look forward to a continued affiliation with you.

Sincerely,



Ronna DeLaVergne
Administrative Assistant 4

Enclosures: Term Review (2 originals)
Clinical Checklist
Postage-paid return envelope

**STATE OF WASHINGTON
EVERETT COMMUNITY COLLEGE**

**TERM REVIEW NO. 1
FOR
CONTRACT NO. 14150248AA**

Everett Community College Contract No. 14150248AA, by and between Everett Community College and Lake Stevens School District -

WHEREAS the purpose of this document is to review and amend Section VI., A., Term:

<u>First Extended Term Review Period</u>	<u>First Extended Term Review Expiration Date</u>
<u>September 22, 2017</u>	<u>September 21, 2020</u>

The effective date of this Term review is September 22, 2017, or upon execution, whichever is later. ALL OTHER TERMS AND CONDITIONS REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, the AGENCY and the CONTRACTOR have signed this agreement.

Lake Stevens School District



Signature

Teresa Main
Printed Name

Assistant Superintendent
Title

7-5-17
Date

Everett Community College

Signature

Jason P. Smith
Printed Name

Dean, HSPS Division
Title

Date

**STATE OF WASHINGTON
EVERETT COMMUNITY COLLEGE**

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Lake Stevens School District


Signature

Teresa Main
Printed Name

Assistant Superintendent
Title

7-5-17
Date

Everett Community College

Signature

Jason P. Smith
Printed Name

Dean, HSPS Division
Title

Date



2000 Tower Street • Everett • Washington 98201-1390

CLINICAL AFFILIATION AGREEMENT CHECKLIST

Complete each section below in detail. Once completed, submit to Division Office to begin contract process.

Date: 7-5-11

Clinical Site Details

Clinic Name: Lake Stevens School District
(If more than one of same name exists, indicate for which site contract is requested)

Clinic Location Address, City and Zip Code: 12309 22nd St NE Lake Stevens WA 98258

Clinic Mailing Address, City and Zip Code: _____
(If different from Location Address)

Clinic Contact Name: Teresa Main

Clinic Contact Phone Number: 425-335-1503

Clinic Contact Email Address: Teresa_Main@LKstevens.wednet.edu

Contract Details

Signatory Name: Teresa Main

Signatory's Title: Assistant Superintendent

Contract Mailing Address: _____
(If different from Clinic Mailing Address)

Contract Contact Name Teresa Main

Contract Contact Phone Number: 425-335-1503

Contract Contact Email Address: Teresa_Main@LKstevens.wednet.edu

Other