

Location of satellite:

- **Level of program at satellite:**
- **Sponsor Representative at satellite location:**
- **Name and credentials of satellite instructor (include copy of contract, CV, and license)**
- **Satellite location physician director (include copy of contract, CV, and license if different than program physician)**
- **Action plan documenting how sponsor will provide oversight**
- **Written agreement between sponsor and satellite identifying responsibilities of each**
- **Written plan to promote communication and evaluate progress between sponsor rep, satellite rep, and program director**
- **Documentation ensuring curricula, exams, evaluation tools, policies and procedures used must be consistent between all sponsor locations**
- **Equipment inventory and AV resource list**
- **Documentation identifying all IC's, SME, and qualified instructors/documentation if different**
- **Identify clinical sites to be used by satellite and provide copies if different**
- **Provisions for satellite program students to have access to resources equivalent to those at primary site**
- **Location where program records will be stored and maintained**
- **Documentation of sponsor financial support for satellite program**
- **Documentation that satellite program has a representative on the program advisory committee**
- **Understanding of adherence to all primary site responsibilities**
- **Course syllabus and course schedule attached**