



**OVCA Form 130: LIST OF HOSPITAL AFFILIATIONS / INDUSTRY LINKAGES**

**COLLEGE / PROGRAM:** \_\_\_\_\_

NAME OF HOSPITALS / INDUSTRIES <i>(Please start with the most recent. Add rows if needed)</i>	ADDRESS <i>(Include the Region)</i>	TYPE & CLASSIFICATION <i>(Type: Government / Private Classification: Primary, Secondary, Tertiary if applicable)</i>	LENGTH OF PARTNERSHIP
			No. of Years

*Note: Please include in your record the number of students you deploy per semester every school year in each affiliating hospital/industry (CHED requirement)*