



Form 1800 FR.02
Yale Medicine Clinical Space Request

Revised 11/2/2021

Instructions: Please complete this form for any Yale Medicine clinical space requests or clinical faculty office space. Completed forms should be sent to ymspaceplanning@yale.edu.
 For Central space, please use [Form 1800 FR.01 Yale Central Space Request](#).
 For Medical Research and Administrative space, please use [Form 1800 FR.03 Yale School of Medicine Research/Administrative Space Request](#).

Requestor Information			
Department:			
Section:		Program:	
Requested by:		Phone #:	

Departmental Approvals (Signatures)			
Administrator:		Date:	
Chairperson:		Date:	

Type of Request	
<input type="checkbox"/> New clinical site <input type="checkbox"/> Relocation of existing clinical space <input type="checkbox"/> Renovation of existing clinical space <input type="checkbox"/> Expansion of existing clinical space <input type="checkbox"/> New session space	<input type="checkbox"/> Renewal of existing session space <input type="checkbox"/> Other <input type="checkbox"/> New practice acquisition (please provide all practice acquisition addresses):
Existing Clinical Space (if applicable) <i>Please provide full address</i>	Future Clinical Space (if applicable) <i>Please provide address, town, or county, if known</i>

Request Details			
<i>Please select any known space components. The listed items are key components to identify space.</i>			
<input type="checkbox"/> Exam rooms <input type="checkbox"/> Consult rooms <input type="checkbox"/> Blood draw / phlebotomy	<input type="checkbox"/> Procedure room (minor, no anesthesia) <input type="checkbox"/> Procedure room (anesthesia supported)	<input type="checkbox"/> Lab <input type="checkbox"/> Faculty offices	<i>* Additional support spaces will be added upon review with requestor.</i>
Other (if applicable, please explain)		Adjacency Requirements (if applicable, please explain)	

Business Planning / Contractual Details	
Does this request have an accompanying business plan completed jointly with Yale Medicine? (if "Yes," please attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Certificate of Need ("CON") required for this site? (if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this be a joint venture with YNHHS? (if "Yes," please explain extent (e.g., financial, staff, lease, etc.) below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint venture explanation:	
If a practice acquisition, have any of the following been signed?	<input type="checkbox"/> Memorandum of Understanding ("MOU") <input type="checkbox"/> Purchase and Sale Agreement <input type="checkbox"/> Letter of Intent ("LOI") <input type="checkbox"/> Offer Letter
Please explain the economic analysis for the investment in space, including how and why the request coincides with the strategic plans for the department.	

Lease / Session Information			
Please complete this section ONLY if this request is for a non-Yale space.			
Proposed occupancy date (Note: average turnaround for session or renewal is 60 days; acquisitions are 3-6 months; new construction is 9-18 months+; renovations are dependent on scope):			
Duration of space need:	If a practice acquisition, are any of the spaces physician owned? (if "Yes," provide site address)		
<input type="checkbox"/> Long-term (more than 2 years) <input type="checkbox"/> Short-term (1-2 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site address:	
Expected clinical hours (select all that apply):	Will the hosting practice be supplying support staff? (if "Yes," please explain) (Note: a separate staffing agreement may be necessary)		
<input type="checkbox"/> M-F normal business hours <input type="checkbox"/> M-F nights <input type="checkbox"/> Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No	Support staff explanation:	
Please provide any additional information important in the space search (e.g., 1st floor, bariatric service, access to special equipment, emergency backup power, etc.):			

**** For Internal Use Only ****		
Is there a plan to vacate or back-fill the space? (if "Yes," describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Insert date:	Completed by:
<input type="checkbox"/> Sent to Leased Properties		
<input type="checkbox"/> Sent to Facilities Planning / Construction		
<input type="checkbox"/> Leased Properties review completed		
<input type="checkbox"/> Scope, timeline, and cost received from Facilities Planning		
<input type="checkbox"/> Project is approved by Yale Medicine Space Planning		
<input type="checkbox"/> Project is not approved by Yale Medicine Space Planning		
Please use the space below for any relevant descriptions or explanations:		

* The following Approvals are obtained only after review of the above information. *			
Approvals (Signatures)			
Yale Medicine, Chief of Network Strategy:		Date:	
Yale Medicine, Chief Financial Officer:		Date:	
Yale Medicine, Chief Operating Officer:		Date:	