



FACILITY APPROVAL

This form must be submitted for all research based or capstone projects. Form must be signed by the designated authority for each facility/department listed.

Title of Project: _____
Name of Student: _____ Phone: _____ E-mail (required): _____ School: _____
Name of Sponsor/Preceptor: _____
Hospital/Facility/Department: <input type="checkbox"/> Hospital <input type="checkbox"/> Facility: _____ <input type="checkbox"/> Department: _____

Education

- Yes No IRB Required Approved by IRB Date: _____
- Yes No Contract Required
- Yes No Data Use Agreement Required

Signature: Education

Date:

Facility Form

- Approved by Preceptor/Director/Department Manager

Signature

Date:

- Approved by Senior Leadership

Signature

Date: