



**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.*

<b>Title of Project:</b> _____
<b>Name of Student:</b> _____ <b>Phone:</b> _____ <b>E-mail (required):</b> _____ <b>School:</b> _____
<b>Name of Sponsor/Preceptor:</b> _____
<b>Hospital/Facility/Department:</b> <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: