



THE UNIVERSITY OF TEXAS AT EL PASO
COLLEGE OF NURSING

Practicum Compliance Release Form

The Practicum Compliance Release Form should be submitted to the Compliance Coordinator each semester at least **three weeks** prior to the date students will report to the requested site.

(Request are cleared in the order received)

Please provide the following information:

Name of Facility: _____

Facility contact name: _____

Facility contact tel #: _____

Facility contact e-mail: _____

Course Number/Course Title: _____

Program Coordinator: _____

Course Instructor: _____

Rotation dates: From: _____ To: _____

Please enter student information below:

Student Full Name	Student ID	RN License # & State of License

****Student ID number & RN License MUST be included in order for request to be completed**

****Below information must be filled out by the Clinical Compliance Coordinator****

Date of Request: _____ Date Sent: _____

Revision Request: _____ Revision Sent: _____