



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 Office each semester at least three weeks prior to the date students will report to the requested site.

(Request are cleared in the order receive)

Please provide the following information:

Name of Facility: _____

Facility contact name: _____

Facility contact tel #: _____

Facility contact e-mail: _____

Course Number/Course Title: _____

Program Director: _____

Course Instructor: _____

Rotation dates: From: _____ To: _____

Please enter student information below:

Student Full Name	Student ID

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

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

Date of Request: _____ Date Sent: _____

Revision Request: _____ Revision Sent: _____