



**College of Health Sciences / School of Nursing
Faculty Compliance Request Form**

- The Clearance Request Form must be submitted to the Compliance Office EACH semester at least two weeks prior to hospital setting delivery.

Please provide the following information:

Name of facility: _____

Contact Name: _____

Contact Tel #: _____

Contact e-mail: _____

CHS/SON Program: _____

Program Director/ Instructor: _____

Rotation dates: _____

Date requested to be sent to the hospital setting: _____

