

# Request for Educational Affiliation

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## IU Health - Educational Affiliation

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Institutional Contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email \_\_\_\_\_

Institutional Accreditation: \_\_\_\_\_

(Note: Please provide the organization that accredits the institution along with date of last survey process and the length of the current accreditation. Please attach a copy of the most recent accreditation certificate and/or letter.)

Educational Program for which affiliation is being requested and academic credential that is awarded upon completion of program:

\_\_\_\_\_

Administrative person responsible for educational program: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email \_\_\_\_\_

Programmatic Accreditation: \_\_\_\_\_

(Note: Please provide the organization that accredits the educational program along with the date of the most recent survey process and the length of the current accreditation. Please attach a copy of the most recent accreditation certificate and/or letter.)

Clinical/Operational area of IU Health where the educational experience is being requested: \_\_\_\_\_

IU Health contact that has agreed to the request: \_\_\_\_\_

IU Health contact phone number: \_\_\_\_\_

IU Health contact email: \_\_\_\_\_

Describe the educational experience that is being requested: \_\_\_\_\_

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