Request for Educational Affiliation

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: _________________

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________