FACILITY INFORMATION FORM (FIF)

Office of Research and Sponsored Projects

Once facility has agreed to review the proposed UT System Affiliation Agreement, please fill out this FIF form and submit through IRBNet with the Educational Experience Affiliation Agreement (EEAA) and Program Agreement (PA).

FACILITY INFORMATION

NEW  RENEWAL

Name of Facility: (Facility)

Street Address: (Address)

City: (City)

State: (State)

Zip Code: (Zip Code)

Facility’s Contact Person (full name): (POC)

Title: (Professional Title)

Telephone: (Area Code/ Number)

Fax: (Area Code / Number)

E-Mail: (Email Address)

SCHOOLS REQUEST

UTEP School/College Point of Contact: (Program Director is the Requestor)

Extension: (4 digit)

School/College: (Example: CHS, SON, LACIT, COBA, etc.)

School/College Telephone Number: (Number)

Program Area: (Example: PT, OT, MSN, CJ, etc.)

Facility and University must have an agreement (EEAA and PA) in place before a student starts their academic training. Affiliation Agreement cannot exceed more than five (5) years after starting date.

Potential Starting Date: (Month Day, Year) Ending Date: (Month Day, Year)