RESEARCH SCOPE OF PRACTICE ROUTING FORM

Employee Name:

Employee Position Title:

UTHSCSA Badge#

VA Badge#

UHS Badge#

Employed By

- ◯ UTHSCSA
- ◯ UHS
- ◯ STVHCS
- ☐ Other:
- ◯ UTHSCSA & STVHCS
- ◯ UTHSCSA & UHS
- ◯ STVHCS & UHS
- ◯ UTHSCSA & WOC at STVHCS

Specify:

Department/Division:

Email:

Phone:

UTHSCSA School:

- ◯ Medicine
- ◯ Nursing
- ◯ Dental
- Other:

Principal Investigator (PI) Information				
NAME	DEGREE	E-MAIL	PHONE	EMPLOYED BY:

Submit the employee's Scope of Practice Form, approved by the PI(s) with this completed Routing Form

Return Form to your institution's address below:

UTHSCSA
Office of Clinical Research (OCR)
Room MED 431A
(210) 567-0651
(210) 567-2074
Attn: Olga Salinas

UHS Research Department
Room 779 Mail Stop 96-1
Phone: (210) 358-2330
Fax: (210) 358-8496
Attn: Joan Thomas, MSN, RN

STVHCS
Research Service 151, Q202
Phone: (210) 647-5300 ext 1-5991
Fax: (210) 949-3800
Attn: Annie Sierra