



**Institute for Distance and Distributed Learning**

Virginia Polytechnic Institute and State University

University Gateway Center, Suite 120

902 Prices Fork Road

Blacksburg, VA 24061

Fax 540-231-2079

Interactive Video Conference (IVC)  
Site Compliance Review: External IVC  
Sites

---

Location

Date

Prepared by:

Name

## Directions

The Interactive Video Conference (IVC) Site Compliance Review consists of two parts.

**Part 1** of the form involves contact information for the videoconference facility. Contact information includes an administrative contact for the facility and a technical contact for the facility. Each facility must have an administrative contact and a technical contact. Part 1 of the form also includes a profile of the videoconferencing facility. Each site may have multiple rooms. In this case, a facility profile must be completed for each videoconferencing room. Part 1 of the form concludes with detailed information on the videoconferencing equipment and information regarding the line carrier.

**Part 2** of the form involves information related to support requirements for the videoconferencing site. Technical support for the site by a dedicated technician or trained operator is a mandatory component for certification. This part of the form details how you will meet the technical support requirements for the site. The site administrator must initial an acknowledgement of support requirements for the site.

Following Parts 1 and 2 are signature lines for the administrator making application for site technical review. A hard copy of the signed application must be mailed or faxed to the Institute for Distance and Distributed Learning to initiate the site approval process.

---

## Part 1a: Videoconferencing Facility Contact Information

<b>Site Name:</b>	
<b>Street Address:</b>	
<b>City, State ZIP Country</b>	
<b>Administrative Contact Name:</b>	
<b>Administrative Contact Title:</b>	
<b>Administrative Contact Phone Number:</b>	
<b>Administrative Contact Fax Number:</b>	
<b>Technical Support Contact Name:</b>	
<b>Technical Contact Phone Number:</b>	
<b>Technical Contact E- mail:</b>	
<b>Technical Contact pager:</b>	

---

## Part 1b: Videoconferencing Facility Profile

<b>Site Name:</b>	
-------------------	--

<b>Street Address:</b>	
<b>City, State ZIP Country</b>	
<b>Videoconference Room Name/Number:</b>	
<b>Room Capacity:</b>	
<b>Videoconference Room Phone Number:</b>	

---

### Part 1c: Videoconferencing Equipment Information

<b>IP Standards Capability (H323)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ISDN Standards Capability (H320)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>H.239 Compliant (dual video)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>H.239 Compliant (dual video)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IP address:</b>		<b>ISDN numbers:</b>	
<b>Gatekeeper registered (E.164)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other connection instructions (PIN):</b>	
<b>E.164 Number</b>		<b>Maximum Transmission Speed (circle one)</b>	<input type="checkbox"/> 2X64 <input type="checkbox"/> 128 <input type="checkbox"/> 384 <input type="checkbox"/> 512 <input type="checkbox"/> 768 <input type="checkbox"/> 2X768 <input type="checkbox"/> other:
<b>Maximum Transmission Speed</b>	<input type="checkbox"/> 64 <input type="checkbox"/> 128 <input type="checkbox"/> 384 <input type="checkbox"/> 512 <input type="checkbox"/> 768 <input type="checkbox"/> 1MB+ <input type="checkbox"/> other:		
<b>Video Equipment Manufacturer</b>		<b>Model/Rev</b>	

<i>Firewall</i>			
<i>Conference Equipment</i>	<table border="0"> <tr> <td><b>High Definition</b></td> <td><b>Standard Definition</b></td> </tr> </table>	<b>High Definition</b>	<b>Standard Definition</b>
<b>High Definition</b>	<b>Standard Definition</b>		
<i>Microphone</i>	<table border="0"> <tr> <td><b>Push-to-talk</b></td> <td><b>Open Mic</b></td> </tr> </table>	<b>Push-to-talk</b>	<b>Open Mic</b>
<b>Push-to-talk</b>	<b>Open Mic</b>		
<i>Other</i>			

---

Part 1d: Carrier Information (If applicable)

<i>Line Type:</i>	
<i>Local Exchange Carrier (e.g. Bell Atlantic)</i>	<i>SPID Numbers:</i>
<i>Long Distance (e.g. AT&amp;T, Sprint, MCI)</i>	<i>Private Network:</i>

---

Part 2: IVC Site Support Requirements

<i>Your plan for providing daily site reports</i>	<b>Attach to application</b>
<i>Your checklist for supporting each IVC class session</i>	<b>Attach to application</b>

<i>Your checklist for supporting a receive (only) site</i>	<b>Attach to application</b>
<i>Your checklist for supporting site shutdown after class session concludes</i>	<b>Attach to application</b>
<i>Describe your site's hours of operation</i>	
<i>Describe your plan for technical support hours of availability</i>	
<i>Describe your policy on allowing food and drink in electronic classrooms</i>	
<i>Acknowledgement of support requirements</i>	<b>IVC site support requires a dedicated technician or trained operator with local site access and appropriate availability; or requires a trained IVC participant with local site access and appropriate availability. It is the site administrator's responsibility to ensure technical support is available before, during, and after IVC class sessions are conducted. Technical support is also required as needed outside of class support to conduct testing, preventative maintenance, upgrades, and other IVC system and site related actions.</b>
<i>Site Administrator's Initials</i>	

---

## Application Signatures

\_\_\_\_\_

Site Administrator

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

For VBS Use Only

<p><b>VBS Testing</b> <b>Test Date:</b> _____ <b>Test Configuration (if different from application) and comments:</b></p>          <p><b>Test Results:</b> <input type="checkbox"/> <b>PASS</b>   <input type="checkbox"/> <b>FAIL</b></p>          <p>_____ <b>VBS Compliance Officer</b></p>
--

---

## Approvals

_____ Program Contact	_____ Date
_____ IDDL Compliance Officer	_____ Date
_____	_____ Date
_____ Associate Vice President for Distance Learning & Summer Sessions	_____ Date