INFORMATION SHEET FOR THE NURSING SCHOOL

(For Public Health Nurse)

Date of issue _____

Name of the School _____

At the point of graduate (Date: _____)

<table>
<tr><td>1. Establisher</td><td colspan="3">National Public Private</td><td colspan="3">2. Date of Foundation</td></tr>
<tr><td rowspan="4">3. No. of Faculty Members (Nursing Division) Medical Science Nursing</td><td colspan="2">Professor
Total( )</td><td colspan="2">Associate Professor
Total( )</td><td colspan="2">Lecturer
Total( )</td></tr>
<tr><td>Full time</td><td>Part time</td><td>Full time</td><td>Part time</td><td>Full time</td><td>Part time</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>4. No. of Students</td><td colspan="3">No. of authorized intake</td><td colspan="3">No. of total students in nursing program</td></tr>
<tr><td rowspan="3">5. Facilities</td><td colspan="6">Library exist not exist
Total No. of books(for nursing program)</td></tr>
<tr><td colspan="6">Clinical Lab Room exist not exist
Total area ㎡ No. of Students per bed
Home Health Clinical Lab exist not exist</td></tr>
<tr><td colspan="6">No. of classrooms(for nursing program)
Computer Lab exist not exist</td></tr>
<tr><td rowspan="8">6. Clinical Practicum Facilities
※ Nursing staff includes only RN and LPN/LVN

※ Please fill in all the facilities if the applicant has taken integrated curriculum with nurse curriculum. If not, only bottommost facility (Main Community of Public Health Nursing) needs to be filled in.</td><td colspan="6">Main Hospital of Fundamental & Adult (Med/Surg) Nursing
Name of the Hospital:
No. of Beds No. of Nursing Staff
Preceptors for Students exist not exist
Preparation of Nursing Protocols/manuals exist not exist</td></tr>
<tr><td colspan="6">Main Home-Care Agency
Name of the Agency
Total Home-Visits per month No. of Nurses</td></tr>
<tr><td colspan="6">Main Facility of Gerontological Nursing
Name of the Facility
Total No. of Residents No. of Nurses</td></tr>
<tr><td colspan="6">Main Facility of Pediatric Nursing (Floor-base)
Name of the Facility
Average No. of Pediatric Patients per a day No. of Nurses</td></tr>
<tr><td colspan="6">Main Facility of Maternal Nursing (Floor-base)
Name of the Facility
Average No. of Delivery per a year No. of Nurses</td></tr>
<tr><td colspan="6">Main Facility of Psychiatric Nursing (Floor-base)
Name of the Facility
Total No. of Beds No. of Nurses</td></tr>
<tr><td colspan="6">Main Community of Public Health Nursing
Name of community
No. of Public Health Nurses</td></tr>
</table>

Position/Title _____

Signature _____