

INFORMATION SHEET FOR THE NURSING SCHOOL

Date of issue _____

Name of the School _____

At the point of graduate (Date: _____)

1. Establisher	National Public Private	2. Date of Foundation			
3. No. of Faculty Members (Nursing Division) Medical Science Nursing	Professor Total()		Associate Professor Total()		Lecturer Total()
	Full time	Part time	Full time	Part time	Full time Part time
4. No. of Students	No. of authorized intake			No. of total students in nursing program	
5. Facilities	Library exist not exist Total No. of books (for nursing program)				
	Clinical Lab Room exist not exist Total area m ² No. of Students per bed				
	Home Health Clinical Lab exist not exist				
	No. of classrooms (for nursing program)				
	Computer Lab exist not exist				
6. Clinical Practicum Facilities ※ Nursing staff includes only RN and LPN/LVN	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				
	Main Home-Care Agency Name of the Agency Total Home-Visits per month No. of Nurses				
	Main Facility of Gerontological Nursing Name of the Facility Total No. of Residents No. of Nurses				
	Main Facility of Pediatric Nursing (Floor-base) Name of the Facility Average No. of Pediatric Patients per a day No. of Nurses				
	Main Facility of Maternal Nursing (Floor-base) Name of the Facility Average No. of Delivery per a year No. of Nurses				
	Main Facility of Psychiatric Nursing (Floor-base) Name of the Facility Total No. of Beds No. of Nurses				

Position/Title _____

Signature _____