## 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 Four				
3. No. of Faculty	Profe	essor	Associate Professor		Professor	Lecturor			
Members	Total (	)	Tota	1(	)	Total( )			
(Nursing Division)	Full time	Part time	Full tim		Part time	Full time	Part time		
Medical Science	ruii time	Part time	Full tilli	е	Part time	ruii time	Part time		
Nursing									
4 No. of Charles	N ftl.			-	N £ + - + -	1 -4	:		
4. No. of Students	No. of authorized intake  No. of total students in nursin								
5. Facilities	Library exist not exist								
J. Facilities	Library exist not exist Total No. of books(for nursing program)								
	Clinical Lab Room exist not exist								
	Total area	m <sup>*</sup>			of Students ;				
				io. kist	-				
	Home Health Clinical Lab exist not exist  No. of classrooms (for nursing program)								
	Computer Lab exist not exist								
6. Clinical	Main Hospital of Fundamental & Adult (Med/Surg) Nursing								
Practicum	Name of the Hospital:								
Facilities	No. of Beds No. of Nursing Staff								
※ Nursing staff	Preceptors for Students exist not exist								
includes only RN									
and LPN/LVN									
Please fill in all	Total Home-Visits per month No. of Nurses								
the facilities if the	Main Facility of Gerontological Nursing								
applicant has taken	Name of the Facility								
integrated	Total No. of Residents No. of Nurses								
curriculum with	Main Facility of Pediatric Nursing (Floor-base)								
nurse curriculum.	Name of the Facility								
If not, only	Average No. of Pediatric Patients per a day No. of Nurses								
bottommost facility	Main Facility of Maternal Nursing (Floor-base)								
(tocology) needs to	Name of the Facility								
be filled in.	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								
	Main Facility of tocology (Floor-base)								
	Name of the Facility No. of Midwives								
	INO. OI IVII	uwives							