

INFORMATION SHEET FOR THE NURSING SCHOOL

Date of issue: _____

Name of the School: _____

At the point of graduation: _____

1. Establisher	<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private			2. Year of Foundation: []		
3. No. of Faculty Members (Nursing Division)	Professor Total []		Associate Professor Total []		Lecturer Total []	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
	Medical Science					
	Nursing					
4. No. of Students	No. of authorized intake: []			No. of total students in nursing program: []		
5. Facilities	Library: <input type="checkbox"/> Exist <input type="checkbox"/> Not Exist					
	Total No. of books (for nursing program) : []					
	Clinical Lab Room: <input type="checkbox"/> Exist <input type="checkbox"/> Not Exist					
	Total area: []m ²			No. of Students per bed: []		
	Home Health Clinical Lab: <input type="checkbox"/> Exist <input type="checkbox"/> 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: <input type="checkbox"/> Exist <input type="checkbox"/> Not Exist					
	Preparation of Nursing Protocols/manuals: <input type="checkbox"/> Exist <input type="checkbox"/> 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-based)						
Name of the Facility: []						
Average No. of Pediatric Patients per a day: []			No. of Nurses: []			
Main Facility of Maternal Nursing (Floor-based)						
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: _____