

INFORMATION SHEET FOR THE NURSING SCHOOL (For Midwife)

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 ※Please fill in all the facilities if the applicant has taken integrated curriculum with nurse curriculum. If not, only bottommost facility (Midwifely) needs to be filled in.	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 Psychiatric Nursing (Floor-based)						
Name of the Facility: []						
Total No. of Beds: [] No. of Nurses: []						
Main Facility of Midwifely (Floor-based)						
Name of the Facility: []						
No. of Midwives: []						

Position/Title: _____

Signature: _____