



**Georgia Board of Nursing**  
**Practical Nursing Education Programs- Clinical Facility Self-Study Report**  
*Pursuant to Rule 410-9-.02 (3)(e), Rule 410-9-.12 (c)(2.)*

**Nursing Education Program Information**

<b>Name of Sponsoring Institution/ Governing Organization</b>	
<b>Name of Nursing Education Program</b>	
<b>Nursing Program Type</b>	
<b>Nurse Administrator (include credentials)</b>	

**Clinical Facility Information**

<b>Name of Affiliated Clinical Facility</b>	
<b>Address</b>	
<b>Website</b>	
<b>Facility Administrator</b>	
<b>Facility Nursing Administrator (CNO, DON, etc.)</b>	
<b>Facility Nursing Administrator Georgia License Number</b>	
<b>Facility Contact Person</b>	
<b>Facility Classification</b>	
<b>Name of State/Federal Licensing Agency</b>	



Name of ALL Nursing Education Programs utilizing Facility (include all programs including all out-of-state programs)	Specific Clinical Area or Unit utilized by Students	Average Daily Patient Census on Unit(s)	Average Number of Students Assigned (at one time)	Faculty to Student Ratio	Scheduled Day and Times

**Clinical Facility Self-Study Questionnaire**

1. Does the facility offer an appropriate client variation to allow students to achieve the clinical objectives of the nursing program?
  
2. What clinical experiences will the facility provide to the nursing students (medical/surgical, pediatrics, maternal/child, end-of-life care, etc.)
  
3. Does the facility's average census provide adequate clinical experiences for each student assigned to the facility?

4. Are there clearly written policies and procedures that are readily available to faculty and students?
  
  
  
  
  
  
  
  
  
  
5. Does the facility's staffing pattern provide adequate staff to ensure safe patient care?
  
  
  
  
  
  
  
  
  
  
6. What facility resources are available to faculty and students?
  
  
  
  
  
  
  
  
  
  
7. Is there a positive attitude among staff toward nursing students on each unit utilized by the nursing program for clinical experiences?

**Clinical Facility Agreement**

A copy of the affiliating agreement between the sponsoring institution/governing organization's nursing education program and the affiliated clinical facility is required.

**Signatures**

\_\_\_\_\_  
Nurse Administrator Name (Print)

\_\_\_\_\_  
Nurse Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Facility Representative Name (Print)

\_\_\_\_\_  
Clinical Facility Representative Signature

\_\_\_\_\_  
Date