



**Georgia Board of Nursing**  
**Practical Nursing Education Programs- Clinical Facility Information Sheet**  
*Pursuant to Rule 410-9-.02 (3)(d), Rule 410-9-.12 (c)(1.), Rule 410-9-.13 (a)(1.)*

**Sponsoring Institution Information**

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

**Sponsoring Institution's Clinical Facility Information**

<b>Name of Affiliated Clinical Facility</b>	<b>Address</b>	<b>Website</b>	<b>Chief Executive Officer</b>	<b>Facility Nursing Administrator (CNO, DON, etc.)</b>	<b>Facility Nursing Administrator Georgia License Number</b>	<b>Effective Dates of Written Agreement</b>

