Georgia Board of Nursing (GBON)
Nursing Education Programs Clinical Facility Summary Form
Pursuant to Chapter 410-8 Registered Nursing Education Programs and
Chapter 410-9 Licensed Practical Nursing Education Programs

Nursing Education Program Information

Date Clinical Facility Summary Submitted:	
Name of Sponsoring Institution:	
Name of Nursing Education Program:	
Nursing Program Type:	
Additional Program Options/Tracks:	
Nurse Administrator (include credentials):	

Clinical Facility Information (*add rows as necessary*)

Name of Affiliated Clinical Facility	Assigned Program/ Program Option	Address	Website	Chief Executive Officer	Facility Nursing Administrator *(CNO, DON, etc.)*	Facility Nursing Administrator Georgia License Number	Effective Dates of Written Agreement

Name of Affiliated Clinical Facility	**Assigned Program/ Program Option**	**Address**	**Website**	**Chief Executive Officer**	**Facility Nursing Administrator** *(CNO, DON, etc.)*	**Facility Nursing Administrator Georgia License Number**	**Effective Dates of Written Agreement**