

## INFORMATION SHEET FOR THE NURSING SCHOOL

Date of issue : \_\_\_\_\_

Name of the School : \_\_\_\_\_

Signature : \_\_\_\_\_

Date of graduation (Date : \_\_\_\_\_ )

Item	Blank						
1. Establisher	National Public Private			2. Date 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:                  exist          not exist						
	No. of books(for nursing program):						
5. Facilities	Clinical Lab Room:      exist          not exist						
	Total area:                  m <sup>2</sup> No. of students per bed:						
6. Clinical Practicum Facilities *Nursing staff Includes only RN AND LPN/LVN	Main Hospital of Fundamental Nursing						
	Name of the Hospital:						
	No. of Beds:			No. of Nursing Staff:			
	Preceptors for students:                  exist          not exist						
	Preparation of Nursing Protocols/manuals:      exist          not exist						
6. Clinical Practicum Facilities *Nursing staff Includes only RN AND LPN/LVN	Main Hospital of Adult Nursing						
	Name of the hospital:						
	No. of Beds:			No. of Nursing Staff:			
	Main Facility of Gerontological Nursing(Hospital or nursing home etc.)						
	Name of the Facility: Total No. of Residents:                  No. of Nurses:						
6. Clinical Practicum Facilities *Nursing staff Includes only RN AND LPN/LVN	Main Facility of Maternal and Infant Nursing(Maternal and Pediatric)						
	[Maternal Department] Name of the Facility: Average No. of Delivery per a year:                  No. of Nurses:						
	[Pediatric Department] Name of the Facility: Average No. of Pediatric Patients per a day:                  No. of Nurses:						
	Main Facility of Psychiatric Nursing(Floor-base)						
	Name of the hospital: No. of Beds:                  No. of Nurses:						

Signature \_\_\_\_\_