

## 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 ( _____ )		Lecture 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 ) :						
	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
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 Nursing Staff :				
Main Facility of Maternal and Infat 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 \_\_\_\_\_