

**LOUISIANA STATE BOARD OF NURSING
17373 PERKINS ROAD
BATON ROUGE, LOUISIANA 70810**

CLINICAL FACILITY SURVEY FORM

Directions: Submit two (2) complete copies per clinical request. One copy will be returned with the action taken.

I. NURSING PROGRAM DATA:

1. <i>Institution/Nursing Program:</i>	Name: Address: City/State/Zip:			
2. <i>Program Head Submitting Request:</i>	Name/Title:			
3. <i>Date of Request for Clinical Use:</i> (see page 2, III.B.)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Month</td> <td style="width: 20%; border: none;">Day</td> <td style="width: 30%; border: none;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year		
4. <i>Date to Begin Utilization for Clinical:</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Month</td> <td style="width: 20%; border: none;">Day</td> <td style="width: 30%; border: none;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year		

II. CLINICAL AGENCY DATA:

1. Clinical Agency:	Name: Address: City/State/Zip:						
2. Type of service rendered: (e.g. Full Service, Community Out-Patient, Long-Term, Home Health, etc.)							
3. Age group(s) served:							
4. Agency Approved/Accredited by (check all that apply):	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">State of Louisiana <input type="checkbox"/></td> <td style="width: 33%;">CMS <input type="checkbox"/></td> <td style="width: 33%;">JCAHO <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Other <input type="checkbox"/> _____</td> </tr> </table>	State of Louisiana <input type="checkbox"/>	CMS <input type="checkbox"/>	JCAHO <input type="checkbox"/>	Other <input type="checkbox"/> _____		
State of Louisiana <input type="checkbox"/>	CMS <input type="checkbox"/>	JCAHO <input type="checkbox"/>					
Other <input type="checkbox"/> _____							
5. Administrator of Agency:	Name: Title:						
6. Nurse Administrator:	Name: Title:						
7. Type of Clinical Unit(s) or Service(s) Requested by the Nursing Program:							
8. Attach the title of the nursing course, clinical objectives and a brief description of the type(s) of learning experiences students will be receiving.							

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III. RESPOND TO THE FOLLOWING DESCRIPTIONS OF THE CLINICAL FACILITY IN ACCORDANCE WITH THE PROFESSIONAL AND EDUCATIONAL STANDARDS

LAC 46:XLVII.3529.

Description of the Clinical Facility	Yes	No	Comments:
A. Hospital used for the clinical is licensed by the State of Louisiana and certified by appropriate designated agency for Medicare/Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitals and Health Care Agency (other than hospital) is accredited or approved by a recognized accrediting or approving agency as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Board approval was requested prior to students affiliation with the agency. (§3539.B.2.a. also)	<input type="checkbox"/>	<input type="checkbox"/>	
C. Faculty plan for learning experiences with representative of cooperating agency.	<input type="checkbox"/>	<input type="checkbox"/>	
D. Contractual agreement between nursing program and cooperating agency is in writing, states' rights and responsibilities of each party, includes liability insurance coverage and termination clause, and reviewed biennially.	<input type="checkbox"/>	<input type="checkbox"/>	
E. The cooperating agency has the following:			
1. a written philosophy of patient/client care which gives directions to nursing.	<input type="checkbox"/>	<input type="checkbox"/>	
2. qualified registered nurses to insure the safe care of the patient and to serve as role models for students;	<input type="checkbox"/>	<input type="checkbox"/>	
3. a sufficient number of patients/clients to provide learning experiences to meet the objectives of the course;	<input type="checkbox"/>	<input type="checkbox"/>	
4. an environment in which the student is recognized as a learner;	<input type="checkbox"/>	<input type="checkbox"/>	
5. provision for nursing care to be given in accordance with the Board of Nursing's Legal Standards for Nursing Care.	<input type="checkbox"/>	<input type="checkbox"/>	

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Description of the Clinical Facility	Yes	No	Comments:
6. criteria for making patient assignments;	<input type="checkbox"/>	<input type="checkbox"/>	
7. complete and current policy and procedures manuals available;	<input type="checkbox"/>	<input type="checkbox"/>	
8. available evidence of nursing quality assurance programs;	<input type="checkbox"/>	<input type="checkbox"/>	
9. clearly defined written personnel policies, including job descriptions for all categories of nursing personnel;	<input type="checkbox"/>	<input type="checkbox"/>	
10. a planned program for orientation, in service, and continuing education programs for nursing personnel;	<input type="checkbox"/>	<input type="checkbox"/>	
11. a means of communication between the faculty of all nursing education programs using the agency;	<input type="checkbox"/>	<input type="checkbox"/>	
12. evidence that the agency's personnel understand their relationship to faculty and students and that the responsibility for coordination is specifically identified; and,	<input type="checkbox"/>	<input type="checkbox"/>	
13. designated conference areas on, or in close proximity to units utilized for students clinical practice.	<input type="checkbox"/>	<input type="checkbox"/>	

1. Give the **number** of other students utilizing the same unit(s) at identical times:

RN LPN Allied Health Other

2. Attach a list of other nursing education program(s) utilizing the agency for student learning experiences.

3. The nursing program has a written contractual agreement with the agency. (§3529.D. - copy to Board not required) Yes No Pending Date Contract Signed _____

Signature of Program Head

Title

Date

OFFICE USE ONLY:

Comments _____

Reviewed by _____ Date Approved _____