

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

I. IDENTIFYING DATA

A. Name of facility: _____

Address: _____

Telephone: _____

B. Type of facility: Hospital Nursing Home Community Health Agency

Other: _____

C. Number of beds at facility: _____

D. Types of patients: _____

E. Administrator of facility: _____

F. Director of nursing service: _____

G. School(s) of nursing utilizing the facility: _____

II. EXHIBITS (*attach to this form*)

A. Copy of formal agreement signed by:

1. Administrator of facility
2. Educational administrator of nursing school

B. Copy of the position description for:

1. Registered Nurses
2. Licensed Practical Nurses

C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

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III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility? _____ Yes _____ No

Comments: _____

B. Does the facility agree to cooperate in promoting the nursing school objectives? _____ Yes _____ No

Comments: _____

C. Are there experiences in the facility available to students to meet clinical objectives? _____ Yes _____ No

Comments: _____

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.) _____ Yes _____ No

Comments: _____

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.) _____ Yes _____ No

Comments: _____

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

Nursing School

Nursing Program(s) Utilizing Facility/Simulated Setting

Educational Administrator

Title

Signature

Date

Telephone Number

Email Address