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
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