

# 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 N 6, Wisconsin Administrative Code? (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 N 6, Wisconsin Administrative Code? (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