**Program Approval Form**

 **Clinical Site Placement**

Prior to placing students in a clinical setting, a clinical site assessment of the area is to be done. The information detailed below is intended to provide guidance for the appropriateness of a clinical site for student use, as well as suggestions for what to include in the contract/letter of agreement with the clinical site (NCBON, 2018).

***To be completed by Coordinator of Clinical Placement:***

Program Level: Pre BSN\_\_\_\_\_ RN-BSN\_\_\_\_\_ MSN \_\_\_\_\_

Program Semester/Year: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Course Number/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Clinical site visited? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
2. Clinical Survey form completed? *(See page 2)* Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
3. Contract active date *(mm/dd/year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Contract expiration date *(mm/dd/year or none)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Contract includes all required signatures? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**The requested clinical site is:** **Approved** \_\_\_\_\_\_\_\_\_\_\_\_ **Not Approved**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Signatures:**

Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Nursing Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retrieved from: <https://www.ncbon.com/education-resources-for-program-directors-assessing-a-clinical-agency>. (2018).

**Appropriateness of Clinical Site Survey Form**

***To be completed by Course Coordinator:***

Course Number/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Semester/Year: \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Clinical Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Site visited by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Determine objective(s) to be met relative to level of student and course content.**

1. Explain how course objectives will be met in this clinical experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Will this be a faculty-supervised \_\_\_\_\_\_ or a precepted experience\_\_\_\_\_\_?

3. What is the faculty experience/competency in this clinical area?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What areas/units are being requested for students to use? *(List below)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Review clinical site policies related to supervision of the baccalaureate or master prepared

 nursing students. Does the policy align with course expectations and requirements?

 Yes\_\_\_\_ No\_\_\_\_

6. Are there sufficient staff members available for mentoring/precepting students for the role in

 which they are preparing to use upon graduation?

 Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

7. Do the available experiences and average patient census support the program and course

 objectives in which the students will be enrolled during this clinical experience?

 Yes\_\_\_\_\_ No\_\_\_\_\_\_

8. Review the position description for nursing personnel that will mentoring/precepting with

 students. Is the staff functioning within the legal scope of practice?

 Yes\_\_\_\_\_ No \_\_\_\_\_

9. Are there sufficient equipment and supplies available for the students to meet the objectives of the experience? Yes\_\_\_\_\_ No\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please submit to the Clinical Placement Coordinator to complete the clinical site review process. Upon review, the form will be sent to Program Director and Department of Nursing Chair for required signatures and final approval.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by Coordinator of Clinical Placement:***

1. Who has authority for nursing personnel and nursing activities?

Clinical Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What areas/units are available for students to use? *(List below)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are there any scheduling conflicts with other nursing education programs?

 Yes \_\_\_\_ No \_\_\_\_

4. Have there been any findings from regulatory/accreditation surveys/reviews that are of

 concern or would interfere with the students meeting the objectives of the experience?

 *(*[*Division of Facility Services*](http://www.facility-services.state.nc.us)*; Joint Commission on Accreditation of Healthcare*

 *Organizations, etc.)* Yes\_\_\_\_\_ No\_\_\_\_\_

Coordinator of Clinical Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_