

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

## CLINICAL FACILITY SURVEY FORM

**Directions:** Complete form in its entirety, sign, attach clinical course description and send via email to [scott@lsbn.state.la.us](mailto:scott@lsbn.state.la.us) for review.

**I. NURSING PROGRAM DATA:**

1. <i>Institution/Nursing Program:</i>	Name: Address: City/State/Zip:
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2. <i>Program Head Submitting Request:</i>	Name/Title:
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3. <i>Date of Request for Clinical Use:</i> (see page 2, III.B.)	Month	Day	Year
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4. <i>Date to Begin Utilization for Clinical:</i>	Month	Day	Year
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**II. CLINICAL AGENCY DATA:**

1. <i>Clinical Agency:</i>	Name: Address: City/State/Zip:
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2. <i>Type of service rendered: (e.g. Full Service, Community Out-Patient, Long-Term, Home Health, etc.)</i>	
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3. <i>Age group(s) served:</i>	
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4. <i>Agency Approved/Accredited by</i> <b>(check all that apply):</b>	State of Louisiana <input type="checkbox"/> CMS <input type="checkbox"/> JCAHO <input type="checkbox"/> Other <input type="checkbox"/> _____
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5. <i>Administrator of Agency:</i>	Name: Title:
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6. <i>Nurse Administrator:</i>	Name: Title:
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7. <i>Type of Clinical Unit(s) or Service(s) Requested by the Nursing Program:</i>	
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<b>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.</b>
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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"/>	

