LSBN APRN Student Clinical Experience Spreadsheet for Out-of-State Schools

School: **Semester:** **Year:**

Student		Rotation			
Name Last / First	LA Lic.#	Dates	Facility	Role/Population	Course #

Dean or Designee on File at LSBN (Signature) _____ Date _____

Certifications for Signature:

Student – Unencumbered, active LA license (RN)
Clinical agreement on file at School of Nursing
Faculty licensed and credentialed in Louisiana

Rev. 9/12/2016