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 **fontenotc@lsbn.state.la.us** for review.

I. NURSING PROGRAM DATA:

1. *Institution/Nursing Program:*	Name: Address: City/State/Zip:

2. *Program Head Submitting Request:*	Name/Title:

3. *Date of Request for Clinical Use:*	

(see page 2, III.B.) Month Day Year

4. *Date to Begin Utilization for Clinical:*	

Month Day Year

II. CLINICAL AGENCY DATA:

1. Clinical Agency:	Name: Address: City/State/Zip:

2. Type of service rendered: (e.g. Full Service, Community Out-Patient, Long-Term, Home Health, etc.)	

3. Age group(s) served:	

4. Agency Approved/Accredited by **(check all that apply)**:	**State of Louisiana** ☐ **CMS** ☐ **JCAHO** ☐ **Other** ☐ ____________________

5. Administrator of Agency:	**Name:** **Title:**

6. Nurse Administrator:	**Name:** **Title:**

7. Type of Clinical Unit(s) or Service(s) Requested by the Nursing Program:	

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.

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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.	☐	☐	
Hospitals and Health Care Agency (other than hospital) is accredited or approved by a recognized accrediting or approving agency as appropriate.	☐	☐	
B. Board approval was requested prior to students affiliation with the agency. (§3539.B.2.a. also)	☐	☐	
C. Faculty plan for learning experiences with representative of cooperating agency.	☐	☐	
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.	☐	☐	
E. The cooperating agency has the following: 1. a written philosophy of patient/client care which gives directions to nursing.	☐	☐	
2. qualified registered nurses to insure the safe care of the patient and to serve as role models for students;	☐	☐	
3. a sufficient number of patients/ clients to provide learning experiences to meet the objectives of the course;	☐	☐	
4. an environment in which the student is recognized as a learner;	☐	☐	
5. provision for nursing care to be given in accordance with the Board of Nursing's Legal Standards for Nursing Care.	☐	☐	

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Description of the Clinical Facility	Yes	No	Comments:
6. criteria for making patient assignments;	☐	☐	
7. complete and current policy and procedures manuals available;	☐	☐	
8. available evidence of nursing quality assurance programs;	☐	☐	
9. clearly defined written personnel policies, including job descriptions for all categories of nursing personnel;	☐	☐	
10. a planned program for orientation, in service, and continuing education programs for nursing personnel;	☐	☐	
11. a means of communication between the faculty of all nursing education programs using the agency;	☐	☐	
12. evidence that the agency's personnel understand their relationship to faculty and students and that the responsibility for coordination is specifically identified; and,	☐	☐	
13. designated conference areas on, or in close proximity to units utilized for students clinical practice.	☐	☐	

1. Give the **number** of other students utilizing the same unit(s) at identical times:

   RN LPN Allied Health Other

2. Attach a list of other nursing education program(s) utilizing the agency for student learning experiences.
3. The nursing program has a written contractual agreement with the agency. (§3529.D. - copy to Board not required) Yes ☐ No ☐ Pending ☐ Date Contract Signed _____

____

Signature of Program Head

____

Title Date

OFFICE USE ONLY:

Comments ____

Reviewed by ____Date Approved _______________