

Applicant's Name:	Completed by:	Date:
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SCHOOLS FOR HEALTHCARE PROFESSIONALS SUPPLEMENTAL APPLICATION

1. STUDENT AND FACULTY

Indicate the number in each applicable category.

COURSE/PROGRAM	Total # of Students Enrolled	Total # of Faculty	Total Hours (Clinical & Classroom)	Total Clinical Hours Only	Length of Program (# of years)
Nursing-Registered Nurses					
Nursing-LPN					
Nursing-Nurse's Aide					
Optometry					
EMT					
Other Describe:					
Other Describe:					
Other Describe:					

2. Do the faculty supervise students in the clinical setting?
If 'No', who does? YES NO
3. In the clinical setting, are the students providing direct patient care?
If 'Yes', please describe the type of care provided to patients or attach details of the curriculum: YES NO
4. Does the faculty provide direct patient care in the clinical setting? YES NO
5. Are all students required to undergo a formal facility orientation prior to their clinical experience?
If 'Yes', does the orientation include the following: YES NO
- a. Patient care policies and procedures YES NO
 - b. Reporting relationships YES NO
 - c. Reporting adverse patient outcomes YES NO
6. Is there a mutual "hold harmless" agreement between the school and the facility? YES NO