

**KANSAS STATE BOARD OF NURSING  
CLINICAL FACILITY APPROVAL REQUEST  
60-2-105**

Submit one copy on white paper for each new facility to be used by students in your program

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

Program: \_\_\_\_\_

Nurse Administrator: \_\_\_\_\_

Program Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please send a **copy of the signature sheet** from contract or if appropriate a letter of support from the facility.  
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\_\_\_\_\_ Number of your students in Agency at any one time

\_\_\_\_\_ Total number of students in course

\_\_\_\_\_ Faculty to student ratio

Name(s) of faculty supervising students \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DEFERRED \_\_\_\_\_

If deferred, to be reviewed by Education Committee on \_\_\_\_\_ and Board of Nursing on \_\_\_\_\_

\_\_\_\_\_  
Nancy Mosbaek, PhD, RN Date \_\_\_\_\_  
Education Specialist

nov04/nm

**Need for Facility:** (include type of learning opportunities necessary to achieve the nursing education program objectives or outcomes [60-2-105 (b)] and level of students) You may attach other sheets or course objectives if necessary.

**Other Programs:**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Are other Programs using the facility?

**If “Yes”:**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Have you contacted the program(s) using the facility?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Have arrangements been made to avoid overuse of patients or conflicting schedules?

**Accreditation Status and Accrediting Body of Facility:**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Is the facility accredited?

Name of accrediting body: \_\_\_\_\_

**Facility Registered Nurse** employed by the agency to direct nursing care of the unit during the students’ clinical or precepted experience. If observational in a non-nursing facility, list the **person in charge**.

\_\_\_\_\_

**Please indicate the areas of the facility being used for clinical experiences:**

Area		Area		Area		Area	
Medical		Surgical		Obstetrics		Labor/Delivery	
Nursery		Post-Partum		Dialysis		Emergency Room	
Operating Room		Mental Health/ Psychiatric		Community Health		Home Health	
Clinic		Day Care/Head Start		Community Site		School	
Outpatient		Long Term Care		Geriatric Adult Care		Other:	

**Please list the courses for which this facility will be used:**


Oct 05/nm