

INFORMATION SHEET FOR THE NURSING SCHOOL

Date of issue _____

Name of the School _____

At the point of graduate(Date: _____)

| | | | | | | |
|--|--|--|---------------------------------|-----------|-----------|-----------|
| 1 Establisher | National Public Private | 2 Date of Foundation | | | | |
| 3 No. of Faculty Members (Nursing Division) Medical Science Nursing | Professor Total() | Associate Professor Total() | Lecturer Total() | | | |
| | Full time | Part time | Full time | Part time | Full time | Part time |
| | | | | | | |
| | | | | | | |
| 4 No. of Students | No. of authorized intake | No. of total students in nursing program | | | | |
| 5 Facilities | Library exist not exist | | | | | |
| | Total No. of books (for nursing program) | | | | | |
| | Clinical Lab Room exist not exist | | | | | |
| | Total area m ² No. of Students per bed | | | | | |
| | Home Health Clinical Lab exist not exist | | | | | |
| 6 Clinical Practicum Facilities ※Nursing staff Includes only RN and LPN/LVN | No. of classrooms (for nursing program) | | | | | |
| | Computer Lab exist not exist | | | | | |
| | Main Hospital of Fundamental & Adult (Med/Surg)Nursing | | | | | |
| | Name of the Hospital: | | | | | |
| | No. of Beds No. of Nursing Staff | | | | | |
| | Preceptors for Students exist not exist | | | | | |
| | Preparation of Nursing Protocols/manuals exist not exist | | | | | |
| | Main Home-Care Agency | | | | | |
| | Name of the Agency | | | | | |
| | Total Home-Visits per month No. of Nurses | | | | | |
| Main Facility of Gerontological Nursing | | | | | | |
| Name of the Facility | | | | | | |
| Total No. of Residents No. of Nurses | | | | | | |
| Main Facility of Pediatric Nursing(Floor-base) | | | | | | |
| Name of the Facility | | | | | | |
| Average No. of Pediatric Patients per a day No. of Nurses | | | | | | |
| Main Facility of Maternal Nursing(Floor-base) | | | | | | |
| Name of the Facility | | | | | | |
| Average No. of Delivery per a year No. of Nurses | | | | | | |
| Main Facility of Psychiatric Nursing(Floor-base) | | | | | | |
| Name of the Facility | | | | | | |
| Total No. of Beds No. of Nurses | | | | | | |

Signature _____