



CLINICAL FACILITY VERIFICATION FORM-VN

This form must be completed in its entirety by each health care facility that agrees to provide clinical placement for students of the educational program listed below. Failure to complete the form may result in a delay in the processing of the application.

Program Name: _____ Director's Name: _____

Telephone #: _____ Email Address: _____

Name of Health Care Facility: _____

Facility Address: _____

Type of Facility (acute care, SNF, long term care, clinic, private practice office, etc.): _____

Name of Director of Nursing/Primary Contact: _____

Telephone #: _____ Email Address: _____

Term/Sem Requested (attach clinical objectives to be accomplished at site for each):

	Medical Surgical	Leadership Supervision	Maternity	Pediatrics	Psychology	Fundamentals
Average daily census for each area:						
Number of students placed in the unit at any one time:						
Identify shifts and days available for placement of students in the program:						
Instructor-to-student ratio for each area:						

Signature of Facility Representative Completing this Form

Date

Verification of Clinical Facility by Nursing Education Consultant (NEC):

NEC Signature

Date

This completed form must be submitted to the Board of Vocational Nursing and Psychiatric Technicians (Board) as part of the application process for a new school or program of vocational nursing or for preparation of psychiatric technicians. The information requested on this form is mandatory pursuant to Title 16 California Code of Regulations sections 2526, as applicable. The information provided on this form will be used to evaluate eligibility for Board approval of a new program of vocational nursing or for the preparation of psychiatric technicians. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the above address or telephone number.