

West Virginia Board of Examiners for Registered Professional Nurses

CLINICAL PRACTICE FACILITY REPORT FORM

NAME OF FACILITY _____

ADDRESS _____

1. Type of Facility

1.1 General _____

1.2 Psychiatric _____

1.3 Other (explain) _____

1.4 Name of the chief administrative officer and title _____

1.5 What is the purpose of this facility? _____

1.6 Facility approved and / or accredited by _____

1.7 Licensed by _____

1.8 List all educational programs having clinical practice experience within the facility and number of students in each program.

2. Control of Facility

2.1 State _____

2.2 County _____

2.3 City _____

2.4 Private ownership _____

2.5 Church or Church Organization _____

2.6 Non-Profit Corporation _____

2.7 Other (explain) _____

3. Statistics for year just past:

3.1 Total bed capacity (exclusive of newborn): _____

3.2 Daily patient average: _____

3.3 Average hospital days per patient: _____

3.4 Medical patients : Daily average: _____
 Census

3.5 Surgical patients: Daily average: _____

3.6 Obstetric patients: Daily average: _____

3.7 Newborn: Daily average: _____

3.8 Pediatric patients: Daily average: _____

3.9 Psychiatric patients: Daily average: _____

3.10 All others: Daily average: _____

3.11 Total number of out-patients. (Describe the nature of clinics held
and extent of your out-patient department services.)

4. Number of registered professional nurses on payroll:

4.1 Full-time: _____

4.2 Part-time: _____

4.3 Name of Director / Vice-President of Nursing Service

Qualifications and major responsibilities _____

4.4 Name of Director of Education _____

Qualifications and major responsibilities _____

5. Number of licensed practical nurses on payroll:

5.1 Full-time: _____

5.2 Part-time: _____

6. Number of certified nurse aides on payroll:

6.1 Full-time: _____

6.2 Part-time: _____

7. Number of other workers employed:

7.1 Full-time: _____

7.2 Part-time: _____

8. Number of nursing service positions budgeted but not filled:

8.1 Number: _____

8.2 List: _____

Nurse Education Program Administrator Signature

Date