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| 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? YES NO
 If 'No', who does? _____
3. In the clinical setting, are the students providing direct patient care? YES NO
 If 'Yes', please describe the type of care provided to patients or attach details of the curriculum:

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? YES NO
 If 'Yes', does the orientation include the following:
 - 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