様式７

INFORMATION SHEET FOR THE NURSING SCHOOL

Date of issue：＿＿＿＿＿＿＿＿＿＿＿＿

Name of the School：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

At the point of graduation：＿＿＿＿＿＿＿＿＿＿＿＿

<table>
<tr><td colspan="2">1. Establisher</td><td colspan="3">☐National ☐Public ☐Private</td><td colspan="3">2. Year of Foundation: [ ]</td></tr>
<tr><td colspan="2" rowspan="3">3. No. of Faculty Members (Nursing Division)</td><td colspan="2">Professor
Total [ ]</td><td colspan="2">Associate Professor
Total [ ]</td><td colspan="2">Lecturer
Total [ ]</td></tr>
<tr><td>Full-time</td><td>Part-time</td><td>Full-time</td><td>Part-time</td><td>Full-time</td><td>Part-time</td></tr>
<tr><td>Medical Science</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Nursing</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="2">4. No. of Students</td><td colspan="3">No. of authorized intake: [ ]</td><td colspan="3">No. of total students in nursing program: [ ]</td></tr>
<tr><td colspan="2" rowspan="3">5. Facilities</td><td colspan="6">Library: ☐Exist ☐Not Exist
Total No. of books (for nursing program) :[ ]</td></tr>
<tr><td colspan="6">Clinical Lab Room: ☐Exist ☐Not Exist
Total area: [ ]㎡ No. of Students per bed: [ ]
Home Health Clinical Lab: ☐Exist ☐Not Exist</td></tr>
<tr><td colspan="6">No. of classrooms(for nursing program): [ ]
Computer Lab: ☐Exist ☐Not Exist</td></tr>
<tr><td colspan="2" rowspan="6">6. Clinical Practicum Facilities
＊Nursing staff includes only RN and LPN/LVN</td><td colspan="6">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</td></tr>
<tr><td colspan="6">Main Home-Care Agency
Name of the Agency: [ ]
Total Home-Visits per month: [ ] No. of Nurses: [ ]</td></tr>
<tr><td colspan="6">Main Facility of Gerontological Nursing
Name of the Facility: [ ]
Total No. of Residents: [ ] No. of Nurses: [ ]</td></tr>
<tr><td colspan="6">Main Facility of Pediatric Nursing (Floor-based)
Name of the Facility: [ ]
Average No. of Pediatric Patients per a day: [ ] No. of Nurses: [ ]</td></tr>
<tr><td colspan="6">Main Facility of Maternal Nursing (Floor-based)
Name of the Facility: [ ]
Average No. of Delivery per a year: [ ] No. of Nurses: [ ]</td></tr>
<tr><td colspan="6">Main Facility of Psychiatric Nursing (Floor-base)
Name of the Facility: [ ]
Total No. of Beds: [ ] No. of Nurses: [ ]</td></tr>
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Position/Title: ＿＿＿＿＿＿＿＿＿＿＿＿

Signature: ＿＿＿＿＿＿＿＿＿＿＿＿