

(様式6)

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 () | | Lecturor 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 | 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 _____