



5. Please provide a start date and completion date for your externship program.

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

6. How many externs will you admit to your program in 2012? \_\_\_\_\_

7. Answer the following questions and provide attachments as requested.

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have a formal orientation to your facility for each extern?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you provide objectives for clinical experiences?<br>Please attach an example of clinical objectives.   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you provide objectives for orientation classes?<br>Please attach copy of orientation objectives.   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you provide a registered nurse, with a minimum of one year's clinical practice as a registered nurse, to provide direct supervision on the unit where each extern is assigned and during the hours when the extern is working? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is your externship program at least 320 hours in length?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is each extern assigned at all times to a registered nurse preceptor that meets externship program criteria?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are all preceptors fully oriented to program guidelines, clinical skills checklists, extern responsibilities, and preceptor responsibilities?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have a procedure for collaborating with the school of nursing regarding clinical skills the student externs can perform?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have a procedure to validate clinical skills of student externs prior to independent performance of the skills?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have a formal job description for student externs?<br>Please attach a copy.  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you allow externs to function as charge nurse or team leader?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you obtain each extern's signed consent to release information regarding the extern's performance to the school, if requested, and to the Education Service Liaison Committee?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you agree to submit all evaluation materials and reports as required by the externship program guidelines?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | The program coordinator has reviewed and agrees to comply with the program guidelines for externship program for students of nursing.   |

\_\_\_\_\_  
Person Submitting Form

\_\_\_\_\_  
DATE

**Please advise Diane Clift if the contact person changes for your facility.**