

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 2010? _____

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?
Please attach an example of clinical objectives. |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you provide objectives for orientation classes?
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?
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.

Formulated 2001

Last Reviewed/Revised: 11/09