| Clinical agency name and address  Unit name  Miles from Campus | Accrediting body; date and results of most recent accreditation visit | Agency representative name, title,  phone number and email | Date of contract/Expiration Date | Date last used for student experiences | Nursing course name and course number | Type of clinical experiences obtained | Number of students/hours per clinical unit per day | Total Students/Hours in direct client care per term  \*Indicate preceptor experiences with \* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Example:  The Best Hospital,  1010 Wonder Way, Richmond, VA  4 South  4 miles | TJC 2014/good standing met all standards | Mary Lou Who, HR Manager,  (331) 111-1111  mlw@Bestplace.com | 3/10/2010- 3/10/2015 | 3/9/2015 | Medical Surgical I, NURS 122 | Medical surgical nursing care | 6 students per day/8 hrs each | 12 students per term/80 clinical hours direct care per student |
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