

## Clinical Exception Request Form

Program Code:	Date: <small>Click or tap to enter a date.</small>
Name of Nursing Program:	
Type of Nursing Program: <input type="checkbox"/> PN <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Pre-licensure Masters	

18VAC 90-27-30 (4) (e)

Documentation that at least 80% of all clinical experiences are to be conducted in Virginia, unless an exception is granted by the board. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency that has authority to approve clinical placement of students in that state. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval;

**For each clinical exception request, please submit a copy of the signed contract in addition to this completed form.**

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	Type of clinical experiences obtained	Reason for Exception
Example: The Best Hospital, 1010 Wonder Way, Richmond, VA 23237  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	Medical surgical nursing care	Please provide the necessary detail regarding the experience that will be provided as well as the rationale for exception.