



Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

CLINICAL COMMITMENT FORM

Programs seeking provisional approval or to expand capacity need to complete one form for each clinical health care facility where new or additional students will be placed for 2 years. The information contained in this form will provide evidence for the Board to determine if the program meets the requirements of R4-19-207(D)(2)(f) for provisional approval applicants and R4-19-209 (B)(1) for existing program applicants.

PROGRAM INFORMATION			
Name of Program		Website	
Institutional and Program Accreditation		Degree Awarded	
Name of Program Director		Email Address	
Address	City	State	Zip
Telephone Number	Fax Number	Email Address	
Anticipated Date of First Clinical Placement			

Fully describe your clinical needs for this facility for the first 2 years of placement including: 1) the anticipated number of students needing placement in this facility; 2) type of clinical unit(s) for placement(s); 3) time and day of placement; and 4) frequency of placements including dates.

Signature of Program Director/Designee		Date
Contact Number	Email Address	

