Doug Ducey
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

CLINICAL AGENCY INFORMATION

Name of Agency

Address			City	State	Zip
License Type			Total Number of Beds (if applicable)		
Maternity Beds	Medical Surgical Beds	Pediatric Beds	Critical Care Beds	Psych Mental Health Beds	Others
Average Daily Census		Winter	Summer		

NURSING STUDENT PLACEMENT COORDINATOR OF THE FACILITY

I have reviewed the full statement of clinical needs by the above-referenced program and agree to meet the clinical placement needs as described. By signing this document I believe that the clinical placements described by the program will be available when needed and that the agency is committed to placement of students as planned.

Signature of Nursing Student Placement Coordinator	Title	Date
Signature of Chief Nursing Officer or Designee	Telephone Number	E-mail Address

Copies Provided to: Nursing Program
Clinical Agency
Arizona State Board of Nursing