



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Bureau of Health Professions Licensure
Board of Registration in Nursing
250 Washington Street, 3rd Floor, Boston, MA 02108
(617) 973-0800
www.mass.gov/dph/boards/rn

Nursing Education Program: _____

Date of on-site survey: _____ Reviewer: _____

Cooperating Clinical Agency Contract Checklist

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by developing written agreements with cooperating agencies utilized as clinical learning sites. Agreements shall be current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency.

Clinical Agency: _____

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Date of Agreement: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | States responsibility of instructors for student in clinical. |
| <input type="checkbox"/> | <input type="checkbox"/> | States type and number of clinical units to be utilized. |
| <input type="checkbox"/> | <input type="checkbox"/> | States that agency is ultimately responsible for patient care. |
| <input type="checkbox"/> | <input type="checkbox"/> | States that program is ultimately responsible for students' education and evaluation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provision for annual meetings by both the program and the agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Term of the agreement: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Signatures. |