The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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244 CMR 6.03 Massachusetts Board of Nursing Petition for Nursing Education Programs offered by a parent institution that has a principal place of business outside of Massachusetts offering Clinical Experience in Massachusetts

Part B – Student Clinical Placement Information

Part A: Submit one time annually, at least 6 months prior to the start of any clinical experiences. Any changes to the Program information provided on this form must be updated within 7 days of such change.

Part B: Submit 30 days prior to any student clinical placement. A form must be completed for each clinical placement. Any changes must be made at *least* two weeks prior to the clinical placement start, and the Board should be notified within 7 days of the changes.

Please ensure that the form is completed in type format.

Program Name: _____

Program Administrator Name and Title: _____

Program Administrator Phone Number: _____

Program Administrator Email Address: _____

Clinical Agency: _____

Clinical Agency Address: _____

_____

Written Agreement with Cooperating Agencies Utilized as Clinical Learning Site:

Written agreement is developed and reviewed annually by both the program and agency personnel ☐Yes ☐No

Written agreement is current ☐Yes ☐No

Written agreement is specific in defining parameters of activities and responsibilities of the:
program ☐Yes ☐No
student ☐Yes ☐No
cooperating agency ☐Yes ☐No

Proposed Start Date: _____ **End Date:** _____

Clinical Instructor Name: _____

Clinical Instructor MA RN License: _____

Highest Degree in Nursing: _____

Number of students in clinical group: _____

Does the clinical placement include a preceptor experience? _____

Preceptor Name: _____

Preceptor MA RN License: _____

All Degrees in Nursing: _____

Name of students in the clinical group:

_____ _____ _____

_____ _____ _____

_____ _____ _____

As CEO, I certify under the pains and penalties of perjury, that the information provided in this application is accurate.

Last Name	**First Name**	**Title**
_____	_____	_____

Signed: _____ **Date:** _____

As Program Administrator, I certify under the pains and penalties of perjury, that the information provided in this application is accurate.

Last Name	**First Name**	**Title**
_____	_____	_____

Signed: _____ **Date:** _____