Clinical/Applied Learning Affiliate Facility Fact Sheet

(All Programs)

Facility

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( ) -

Facility Accreditation Information

Accredited by (check all that apply):

TJC ☐ CLIA ☐ COLA ☐ CAP ☐ Other: _____

Clinical Liaison as required by Standard VII.C.2

Name: _____

Position: _____

Education: _____

Length of experience as a health care professional:

Types of positions held in the field:

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(All Programs)

For each area of clinical/applied learning at this facility, please identify:

Department (Clinical Area)	# of students in clinical/applied learning at one time	Length of clinical/applied learning

For additional pages, please click here.