



PROBATIONARY NURSE CLINICAL EDUCATION COURSE APPROVAL FORM

*****"Respondent shall obtain prior approval from the Board before enrolling in the course(s)" and "...before commencing any education or training that includes patient care."*****

NAME: _____ **RN#** _____,
is currently on probation with the Board of Registered Nursing. The following documentation is **required** for Education course review and approval.

A copy of the syllabus describing the course and the course components
(Due to the large size of the document, please email an electronic version if possible. Links are not acceptable. Or fax documents to the probation monitor at 916.574.8636.)

<p>EDUCATIONAL INSTITUTION INFORMATION</p> <p>Course Title: _____</p> <p>Institution's Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Clinical Instructor's Name: _____</p>

Program Director MUST initial the following statements:

_____ *The Educational Institution has received a copy of the Board's Decision and Order and are aware the registered nurse is on Probation.*

_____ *The Educational Institution is responsible for notifying the facility administration where clinical is being conducted that the registered nurse is on Probation.*

_____ *The Educational Institution faculty are responsible for maintaining maximum supervision as defined by the Decision and Order during clinical rotations.*

_____ *The Program Director is responsible to notify the Probation Monitor of any concerns or breach of the terms and conditions of probation.*

The following sections MUST be answered:

Program Director's Name: _____ & exact Title: _____

E-Mail: _____

Phone Number: _____ Cell: _____

Program Director's Signature _____
Date Signed: _____

IMPORTANT:

***The Probationary RN should provide you with a Probation Monitor Name/Phone Number & E-mail for any questions.**

***The approval process takes approximately two weeks from when the Probation Monitor receives ALL required documents.**