

Current Instructors and Clinical Site Form

Name of Facility		
School Offers	<input type="checkbox"/> Option A <input type="checkbox"/> Option B	<input type="checkbox"/> Option A <input type="checkbox"/> Option B
Mailing Address	<input type="checkbox"/> Same as School's Physical Address	<input type="checkbox"/> Same as School's Physical Address
Clinical Site Address (if applicable)		
Current Primary Instructors (include credential, e.g., RN)		
Current Supplemental Instructors (include credential e.g., PT, OT, LPN)		
Curriculum (Name of the Textbook of Online Program)		
Please include any other information that may have changed since the last certification/ re certification (e.g., phone numbers, email addresses, points of contact, etc.)		

Please send my 1647 via: **Email** **Regular US Mail**

Print Name: _____

Title: _____

Signature: _____ Date: _____