

**Texas Board of Nursing
Clinical Affidavit Form to Accompany Proposal for New Program**

Affidavit for Clinical Placement for Students and Potential Future Employment

To Clinical Site Representative:

The Texas Board of Nursing (BON) realizes that sites for clinical learning experiences are a valuable and necessary commodity in the education of nursing students. In order to assure that a proposed nursing education program has access to adequate clinical experiences for students and employment opportunities will be available for graduates, the BON is requesting that affiliating agencies complete the following form indicating support for the establishment of a proposed new nursing education program in your community. If you have questions, please contact a BON Education Consultant at 512-305-6816. Thank you for your assistance.

Name of Proposed Program: _____

Location of Proposed Program: _____

Statement as to why the proposed program is important to your area (may attach separate statement):

Please check the appropriate box to confirm your agreement with the proposed nursing program:

- Our clinical site cannot serve additional nursing programs at this time.
- Our clinical site will provide clinical placements for the proposed program.

Placements for additional students are available in these specific areas:

- ___ medical surgical experiences
- ___ pediatric experiences
- ___ OB/Maternity experiences
- ___ mental health experiences
- ___ emergency
- ___ critical care

If your clinical site can provide placements, please check that all apply:

- The proposed program is needed in the community
- There has been a conversation between the representatives from the clinical agency and the nursing program related to the expectations and responsibilities of each

- There has been a conversation between the representatives from the clinical agency and the nursing program related regarding the number of students who can be accommodated.

- Accommodating additional nursing students should not displace other nursing students already engaged in clinical experiences in our institution.

- The graduates from the program will help us fill the agency's vacant positions.

Name and Location of Clinical Agency: _____

Printed Name of Clinical Agency Representative: _____

Signature of Clinical Agency Representative: _____

Date: _____

Please attach a letter of support for the proposed program from the CNO of the agency.