



**State of New Hampshire**  
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
DIVISION OF HEALTH PROFESSIONS

**Board of Nursing**

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**Clinical Facility Site Visit Criteria: LNA PROGRAM SITE**

Name of Program: \_\_\_\_\_

Coordinator Name and Phone Number: \_\_\_\_\_

Name of Clinical Site: \_\_\_\_\_

Check off to verify required resources to meet the needs of students:

1. Orientation to the facility is provided and covers infection control, emergency measures and security \_\_\_\_\_

2. Facility provides a clean, safe environment with comfortable temperatures \_\_\_\_\_

3. Students are provided with an area to store personal belongings \_\_\_\_\_

4. Student / Faculty Ratio does not exceed 1:8 on a unit \_\_\_\_\_

5. Staffing matrix is sufficient to handle presence of students and assignments \_\_\_\_\_

6. Facility provides meeting space for clinical conferences and exit interviews \_\_\_\_\_

7. Facility has adequate lighting in hallways and rooms \_\_\_\_\_

8. Students can access resident plan of care and documentation forms \_\_\_\_\_

9. Clinical assignments can provide students with opportunities to:

\_\_\_\_\_ perform personal hygiene, grooming and dressing

\_\_\_\_\_ bathing using a tub or shower

\_\_\_\_\_ assist with positioning, transfer and ambulation using adaptive equipment like canes, wheelchairs, walkers and lifts, braces

\_\_\_\_\_ perform range of motion

\_\_\_\_\_ assist with feeding

\_\_\_\_\_ perform intake and output

\_\_\_\_\_ identify and monitor fall risk

\_\_\_\_\_ assist with toileting using a bedpan, commode and the toilet

10. Facility offers the opportunity for students to work with cognitively impaired \_\_\_\_\_

11. Students can work with residents requiring rehabilitation or restorative care \_\_\_\_\_

12. Contract is current with a defined timeframe and signed by facility and program representatives \_\_\_\_\_

13. Facility has been verified as having a successful CMS survey and is actively licensed by DHHS \_\_\_\_\_

Attestation: This signed attestation verifies that the program coordinator deems this facility/ resources to meet the clinical requirements for the program and program content matter listed in Nur 702.

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Nursing Approval Signature

\_\_\_\_\_  
Date