

**NAME OF SCHOOL**  
**COMPLETE BUSINESS ADDRESS**  
**PHONE NUMBER/S, Fax Number/s, E-Mail Address, Web-Site**  
**(If ACCREDITED: BY WHOM AND WHAT LEVEL, Inclusive Date of Accreditation)**

**SURGICAL SCRUB in \_\_\_\_\_**  
**Hospital, Municipality/City/Province**

**Prepared by:**  
**Name of Student \_\_\_\_\_**

**Signature of Student \_\_\_\_\_**

Date Performed and Time Started	Patient's Name	PROCEDURE PERFORMED	O.R. Nurse On Duty (Name only)	SUPERVISED BY Clinical Instructor Name and Signature
	Case Number			

**Noted by: \_\_\_\_\_ (Print Name and Signature)**

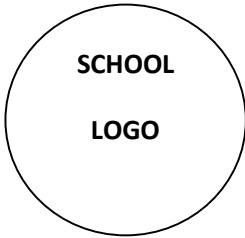
**Concurred by: \_\_\_\_\_ (Print Name & Signature)**

**Clinical Coordinator**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_  
PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_  
Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_  
Please specify Highest Nursing Degree Earned: \_\_\_\_\_

**Chief Nurse**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_  
PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_  
Date document is signed: \_\_\_\_\_ Time: \_\_\_\_\_  
Please specify Highest Nursing Degree Earned: \_\_\_\_\_

**Approved by: \_\_\_\_\_ (Print Name & Signature) (NO DESIGNATES)**

**Dean**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_ PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_  
ADPCN No. \_\_\_\_\_ Valid Until \_\_\_\_\_ Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_  
Please specify Highest Nursing Degree Earned: \_\_\_\_\_



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ACTUAL DELIVERY in \_\_\_\_\_  
Hospital/Home/Lying-In Clinic, Municipality/City/Province

Prepared by:

Name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date Performed and Time Started	Patient's Name	PROCEDURE PERFORMED	D.R. Nurse/Midwife On Duty (Name only)	SUPERVISED BY Clinical Instructor Name and Signature
	Case Number (not applicable for Birthing/Lying-In Clinics/Homes)			

**Noted by:** \_\_\_\_\_ **(Print Name and Signature)**

**Concurred by:** \_\_\_\_\_ **(Print Name & Signature)**

**Clinical Coordinator,** PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_

**Chief Nurse,** PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_

PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

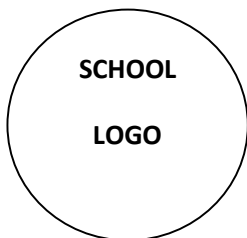
**Approved by:** \_\_\_\_\_ **(Print Name & Signature)** **(NO DESIGNATES)**

**Dean,** PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_ PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

ADPCN No. \_\_\_\_\_ Valid Until \_\_\_\_\_ Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

For deliveries performed in Lying-In and Homes, ONLY THE CLINICAL INSTRUCTOR AND CLINICAL COORDINATOR are REQUIRED TO SIGN.



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ASSISTED DELIVERY in \_\_\_\_\_  
Hospital/Home/Lying-In Clinic, Municipality/City/Province

Prepared by:

Name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date Performed and Time Started	Patient's Name	PROCEDURE PERFORMED	D.R. Nurse/Midwife On Duty (Name only)	SUPERVISED BY Clinical Instructor Name and Signature
	Case Number (not applicable for Birthing /Lying-In Clinics/Homes)			

**Noted by:** \_\_\_\_\_ **(Print Name and Signature)**

**Concurred by:** \_\_\_\_\_ **(Print Name & Signature)**

**Clinical Coordinator**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_

**Chief Nurse**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_

PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

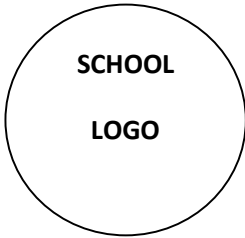
**Approved by:** \_\_\_\_\_ **(Print Name & Signature)** **(NO DESIGNATES)**

**Dean**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_ PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

ADPCN No. \_\_\_\_\_ Valid Until \_\_\_\_\_ Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

For deliveries performed in Lying-In and Homes, ONLY THE CLINICAL INSTRUCTOR AND CLINICAL COORDINATOR are REQUIRED TO SIGN



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**IMMEDIATE NEWBORN CORD CARE in \_\_\_\_\_**  
**Hospital/Home/Lying-In Clinic, Municipality/City/Province**

**Prepared by:**

**Name of Student** \_\_\_\_\_

**Signature of Student** \_\_\_\_\_

Date Performed and Time Started	Patient's Name	Immediate Newborn Cord Care PERFORMED Indicate where performed e.g. D.R., Nursery, NICU, or Home	Nurse/Midwife On Duty (Name only)	SUPERVISED BY Clinical Instructor Name and Signature
	Case Number (not applicable for Birthing Homes/Lying-InClinics/Homes)			

**Noted by:** \_\_\_\_\_ **(Print Name and Signature)**

**Concurred by:** \_\_\_\_\_ **(Print Name & Signature)**

**Clinical Coordinator**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_

**Chief Nurse**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_

PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **(Print Name & Signature)**

**(NO DESIGNATES)**

**Dean**, PRC I.D No. \_\_\_\_\_ Valid Until \_\_\_\_\_ PNA No. \_\_\_\_\_ Valid Until \_\_\_\_\_

ADPCN No. \_\_\_\_\_ Valid Until \_\_\_\_\_ Date document is signed: \_\_\_\_\_ Time \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

For deliveries performed in Lying-In and Homes, ONLY THE CLINICAL INSTRUCTOR AND CLINICAL COORDINATOR are REQUIRED TO SIGN

**GENERAL INSTRUCTIONS ON THE USE OF THESE FORMS:**

**Rule 1: Logic dictates that these forms should be applied only to the in-coming Nursing students in Levels I and II only of Academic Year 2008-2009 onwards until their graduation and until new issuances are released by the Board of Nursing;**

**Rule 2: All those filing applications for this November 2008 Nurse Licensure Examinations and the succeeding NLEs “prior to the effectivity of these NEW FORMS” should all be accepted by the Central and Regional PRC Offices without any condition. If there are any noted discrepancies or any untoward observations, the Board of Nursing requires appropriate documentation and reporting from the respective PRC Offices and should be received by the Board of Nursing until after the last day of the NLE. Everything should be directed as official communications to the Board of Nursing;**

**Rule 3: As a matter of policy, graduates ARE NOT TO BE PENALIZED for any discrepancies and therefore all applications duly submitted “on time” MUST BE ACCEPTED. The Board of Nursing shall take necessary actions based on official reports received by the same at the Central Office within the prescribed period as set in Rule 2;**

**As a general rule the Board of Nursing subscribes to the principle of “*loco parentis*”. The college and its administration directly involved in the care and supervision of students/graduates are and shall be responsible and accountable to the lawful authorities.**

**BOARD OF NURSING**