**Alabama Board of Nursing Survey Visits**

**Clinical Affiliations Grid**

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| --- | --- | --- | --- | --- | --- |
| 1. **Facility Name**
2. **Brief Description of Facility**
3. **Populations Served at Facility**
 | **Location**  | **Course & Type of Clinical**  | 1. **Preceptorship:**

**Yes/No**1. **Course Number**
 | **Campus Site(s) utilizing the Clinical Facility** | **Comments** |
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