**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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