Form E: Student Capacity

Standard B4.2

Complete this chart for all clinical affiliates. Identify the current JRCNMT-approved student capacity for each site in column 2 by using relevant JRCNMT correspondence on program capacity. If an affiliate has an arranged capacity, designate it as “Arr @” with the approved number following the “@” symbol. Please note that arranged capacities do not contribute to the program’s total capacity in the bottom box. **If the affiliate is new, please enter 0 in the approved capacity column.**

In column 3 indicate the student capacity the program is requesting for the affiliate in the self-study. Do not include capacity in column 3 for any other programs that share this affiliate. The capacity requested for this program may be more or less than the currently approved capacity as long as the data included in the affiliate part of the self-study supports the capacity requested.

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| **Name of Affiliate** | **Approved Capacity** | **Requested Capacity** |
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| **Total** |  |  |

Do you want to request a capped student capacity for the program total that is lower than the sum of the individual clinical affiliate capacities? If so, indicate the capped number you are requesting: