

Frontier Nursing University
Incident Report

Submitted by: _____ Date: _____

An incident is any clinical situation where the possibility exists that the school could be named in a lawsuit. We would prefer that you submitted incident reports that were unnecessary, rather than not to have one on file in the case of a problem.

Place of incident:

Place of Incident	
Street Address	
Address 2	
City	
State	
Zip Code	
Phone Number	

Date of incident:

Patient Type:

Time of incident:

Inpatient

Outpatient

Client:

Preceptor:

Collaborating Physician:

Others in Attendance:

1) Name	Role
2) Name	Role
3) Name	Role
4) Name	Role
5) Name	Role

Witnesses:

1) Name

Address

Phone number

2) Name

Address

Phone number

3) Name

Address

Phone number

4) Name

Address

Phone number

Factually describe the incident. (Include only information that is in the chart; no subjective statements). Use additional paper as needed, but be succinct.

MAIL this Incident Report via the United States Postal Service (USPS) to your Clinical Director at the address below within one week of the incident and also call her to inform her that this report is being sent. Note that this incident report is absolutely NOT to be sent by email.

Clinical Directors:

FNP Program- Dr. Katheryn Arterberry, DNP, APRN, FNP-BC: 5601 Trevor Drive
Shreveport, LA 71129

PMH PROGRAM- Dr. Irma Jordan, DNP, APRN, FNP/PMHNP-BC, FAANP: 10662 Millington-
Arlington Rd, Arlington TN 38002.

MIDWIFERY/WOMEN'S HEALTH- Dr. Audrey Perry DNP, CNM: 128 Valley View Rd
Myerstown PA 17067