Covenant School of Nursing

Student Name Brayden Black

Record of Precepted Clinical Experiences

	Date	Total Time	Location	Preceptor's Signature
(1)	12/4/20	0645 -0715	SICU 3	[illegible]
(2)	12/6/20	0645-0715	SICU 3	[illegible]
(3)	12/7/20	0645-0715	SICU 3	[illegible]
(4)	12/13/20	0645-0715	SICU 3	[illegible]
(5)	12/14/20	0645 -0715	SICU 3	[illegible]

Preceptor's Signature_____

Preceptor's Signature_____