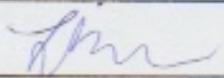


Record of Precepted Clinical Experiences

	Date	Total Time	Location	Preceptor's Signature
①	12-04-2020	0645-1930	East 7	E. C. de W
②	12-10-2020	0645-1920	East 7	E. C. de W R. N.
③	12-11-2020	0645-1920	EAST 7	E. C. de W R. N.
④	12-17-2020	0645-1945	East 7.	E. C. de W R. N.
⑤	12-18-2020	0645-1930	East 7	E. C. de W R. N.
⑥	12-23-20	0645-1915	East 7	
⑦	12-26-20	0645-1930	EAST 7	E. C. de W
⑧				
⑨				
⑩				

Preceptor's Signature _____

Preceptor's Signature _____