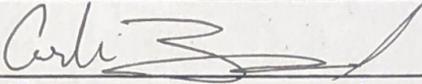
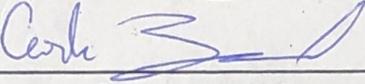
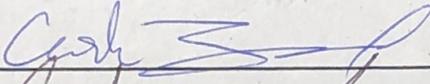
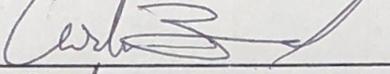
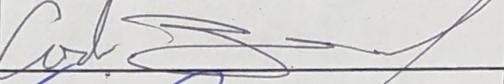
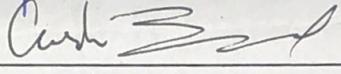
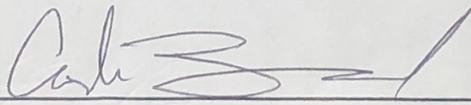


Record of Precepted Clinical Experiences

	Date	Total Time	Location	Preceptor's Signature
(1)	12/4/20	0645-0715	SICU 3	
(2)	12/6/20	0645-0715	SICU 3	
(3)	12/7/20	0645-0715	SICU 3	
(4)	12/13/20	0645-0715	SICU 3	
(5)	12/14/20	0645-0715	SICU 3	
(6)	12/18/20	0645-0715	SICU 3	Tanya Brooks, RN
(7)	12/24/20	0645-0715	SICU 3	
(8)	1/11/21	0645-0715	SICU 3	
(9)	1/21/21	0645-0715	SICU 3	
(10)	1/22/21	0645-0715	SICU 3	

Preceptor's Signature 

Preceptor's Signature _____