

Record of Precepted Clinical Experiences

| Date     | Total Time | Location | Preceptor's Signature |
|----------|------------|----------|-----------------------|
| 10/4/21  | 7am - 7pm  | S7       | <i>[Signature]</i>    |
| 10/8/21  | 7am - 7pm  | S7       | <i>[Signature]</i>    |
| 10/13/21 | 12pm - 7pm | S7       | <i>[Signature]</i>    |
| 10/15/21 | 7am - 7pm  | S7       | <i>[Signature]</i>    |
| 10/18/21 | 7am - 7pm  | S7       | <i>[Signature]</i>    |
| 10/19/21 | 12pm - 7pm | S7       | <i>[Signature]</i>    |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |
|          |            |          |                       |

Preceptor's Signature \_\_\_\_\_

Preceptor's Signature \_\_\_\_\_