

Record of Precepted Clinical Experiences

Date	Total Time	Location	Preceptor's Signature
12/9/21	12 hrs	Pedi Floor	[Signature]
12/10/21	12 hrs	Pedi Floor	[Signature]
12/13/21	12 hrs	Pedi Floor	[Signature]
12/17/21	12 hrs	Pedi Floor	[Signature]
12-18-21	12 hrs	Pedi	[Signature]
1/3/22	12 hrs	Pedi Floor	[Signature]

Preceptor's Signature [Signature]

Preceptor's Signature [Signature]