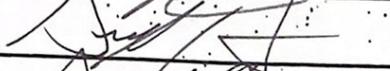


**Record of Precepted Clinical Experiences**

Date	Total Time	Location	Preceptor's Signature
1/13/23	12 hrs	MICU	
1-14-23	12 hrs	MICU	
1-19-23	12 hrs	MICU	
1-20-23	12 hrs	MICU	
1-21-23	12 hrs	MICU	
1-26-23	12 hrs	MICU	
1-29-23	12 hrs	MICU	
1-30-23	12 hrs	MICU	
2-3-23	12 hrs	MICU	
2-10-23	12 hrs	MICU	

Preceptor's Signature

Preceptor's Signature

