Covenant School of Nursing

Student

Name_____

Record of Precepted Clinical Experiences

Date	Total Time Ex.(0645-1915)	Location	Preceptor's Signature

REMINDER: Do not pre-fill out, Document your actual time after each shift & have your preceptor sign. The time prior shift starting time & the time after does not count extra, 0645-1915 is simply a 12 hour shift.

Preceptor's Signature_____

Preceptor's Signature_____