Covenant School of Nursing

Student

Name Joel Castillo

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Signature
1/12/24	0645-1915	CCH - PICU	Matthew Flores RN
1/13/24	0645-1915	CCH - PICU	Matthew Flores RN
1/19/24	0645-1915	CCH - PICU	Matthew Flores RN
1/20/24	0645-1915	CCH - PICU	Matthew Flores RN
1/21/24	0645-1915	CCH - PICU	Matthew Flores RN

Preceptor's Signature_____

Preceptor's Signature_____