

Name Amber Peters

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Signature
1-14-24	0635-1900	L&D	<i>Melissa McLaughlin</i>
1-18-24	0630-1905	L&D	<i>Melissa McLaughlin</i>
1-21-24	0638-1857	L&D	<i>Amber Peters</i>
1-25-24	0635-1859	L&D	<i>Melissa McLaughlin</i>
1-28-24	0641-1900	L&D	<i>Amber Peters</i>

Preceptor's Signature _____

Preceptor's Signature _____