

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Signature
1/20/24	0645-1915	South 6	<i>[Signature]</i>
1/21/24	0645-1915	South 6	<i>[Signature]</i>
1/26/24	0645-1915	South 6	Giselle Cantu
1/27/24	0645-1915	South 6	Giselle Cantu
2/4/24	0645-1927	South 6	Giselle Cantu
2/8/24	0645-1923	South 6	Giselle Cantu
2/9/24	0645-1915	South 6	Giselle Cantu
2/12/24	0645-1916	South 6	Giselle Cantu
2/16/24	0645-1920	South 6	Giselle Cantu
2/19/24	0645-1922	South 6	Giselle Cantu

Preceptor's Signature Giselle Cantu

Preceptor's Signature _____