

Record of Precepted Clinical Experiences

Date	Total Time Ex.(0645-1915)	Location	Preceptor's Signature
3/25	0645-1915	NICU	<i>Aracela G. Smith RN</i>
3/28	0645-1915	NICU	<i>Aracela G. Smith RN</i>
3/29	0645-1915	NICU	<i>Aracela G. Smith RN</i>
4/1	0645-1915	PICU	<i>Kyla Watson RN</i>
4/3	1245-1915	NICU	X
4/4	0645-1915	NICU	X

Preceptor's Signature *Aracela G. Smith RN*

Preceptor's Signature _____

