

Record of Precepted Clinical Experiences

Date	Total Time	Location	Preceptor's Signature
3-21-24	1838-0715	LTAC	<i>Amy Ann</i>
3-23-24	1848-0715	LTAC	<i>Amy Ann</i>
3-25-24	0741-1640	LTAC	<i>Martina M</i>
4-5-24	1845-0721	LTAC	<i>Ron Anderson</i>
4-7-24	1845-0735	LTAC	<i>Kerwin</i>
4-8-24	1845-2315	LTAC	<i>Kerwin</i>

w/  
wound nurse

Preceptor's Signature *Amy Ann*

Preceptor's Signature *Ron Anderson*