

Record of Precepted Clinical Experiences

Date	Total Time	Location	Preceptor's Signature
3/30/24	0605 - 1917	pedi	Amanda Scott MSN RN
4/6/24	0635 - 1908	pedi	Amanda Scott MSN RN
4/12/24	0635 - 1920	pedi	Amanda Scott MSN RN
4/13/24	0640 - 1917	pedi	Amanda Scott MSN RN
4/18/24	0640 - 1908	pedi	Amanda Scott MSN RN
4/19/24		pedi	
4/20/24		NICU	
4/26/24		pedi	
4/27/24		pedi	
4/29/24		pedi	

Preceptor's Signature _____

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