

Student Name Aniella Torres

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Print & Signature
8/22	0630-1900	MICU	Bahy Mtr, RN
8/23	0630-1900	MICU	Pattie Peek DPNP
8/24	0630-1900	MICU	Bahy Mtr. RN
8/30	0630-1900	MICU	Bahy Mtr. RN
9/2	0630-1900	MICU	Bahy Mtr. RN

REMINDER: Do not pre-fill out, Document your actual time after each shift & have your preceptor sign. The time prior shift starting time & the time after does not count extra, 0645-1915 is simply a 12 hour shift.

Preceptor's Signature Bahy Mtr, RN

Preceptor's Signature _____