Covenant
School of Nursing
Student Name Benton Coursey

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Print & Signature
08/16	0630-1915	Hope 2	AhnnaBeth Millis AhnnaBeth Millis RN
08/17	0645 - 2015	Hope 2	AhnnaBeth Millis AhnnaBeth Millis RN
08/30	0645 - 1939	Hope 2	AhnnaBeth Millis AhnnaBeth Millis RN
09/01	0645 - 1915	Hope 2	AhnnaBeth Millis AhnnaBeth Millis, RN
09/02	0645 - 1915	Hope 2	AhnnaBeth Millis AhnnaBeth Millis, 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 AhnnaBeth Millis

Preceptor's Signature