

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Print & Signature
8-22-24	0645-1100 (Do) 1000-1915 Audrey	m/B	Daisy Olivares RN Andrey Pena, RN
8-24-24	0645-1915	m/B	Norma RN
8-26-24	0900-1700	Lactation	Kyler Gomer, RN
09-01-24	0645-1500 1500-1915	R. Solis m/B Sarah m/B	Suzanne Mason, RN
09-5-24	0645-1915	m/B	Daisy Olmire RN
9-6-24	0645-1900	m/B	Daisy Olmire RN
9-7-24	0645-1915	Nursery	Cecilia Loney RN
9-9-24	0645-1915	m/B (charge)	Norma, RN
9-15-24	0645-1915	m/B	Daisy Olmire RN
9-16-24	0645-1915	m/B	Lis Howard, RN
9-19-24	0645-1100	m/B	Daisy Olmire 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 Daisy Olmire RN

Preceptor's Signature _____