

Student Name Machie Brouillette

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645- 1915)	Location	Preceptor's Print & Signature
10/19/25	0641-1920	NICU	K Thomas BSN RN
10/20/25	0642-1930	NICU	K Thomas BSN RN
10/30/25	0640-1910	NICU	K Thomas BSN, RN
11/3/25	0645-1905	NICU	K Thomas BSN, RN
11/10/25	0643-1910	NICU	K Thomas BSN, 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 K Thomas

Preceptor's Signature _____