

Covenant
 School of Nursing
 Student Name Rafaelia Colmenero

Record of Precepted Clinical Experiences

Date	Exact Time Ex.(0645-1915)	Location	Preceptor's Print & Signature
1/19/2020	0645-1915	NSICU 4	Addison Cowart, RN
1/24/2020	0645-1915	NSICU 4	Addison Cowart, RN
1/25/2020	0645-1915	NSICU 4	Addison Cowart, RN
1/30/2020	0645-1915	NSICU 4	Addison Cowart
1/30/2020	0645-1915	NSICU 4	Addison Cowart, 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.

Day 5: * Preceptor's Signature Addison Cowart, RN

Day 10: * Preceptor's Signature _____