

le:	Location of Clinical Experience	Whoever is verifying your hours needs to print their name and sign and include a phone & email.
s	CLINICAL ORIENTATION-- LCN Danville Campus Room 205	Verified by attendance/Sonis and instructor observation  <i>Pamela Armstrong APRN MSN, RN</i>
urs	Weekly clinical post-conference (weeks 3-12) in class If absent from class MUST made up)	Print: Signature: Phone: Email:
urs	Clinical Journal due 96 hours after clinical by 2359 pm CST; (x 4, one for each clinical) Disaster Triage Day, Legacy Project, Community Resource Project	1 2 3 4 5 6 7 Verified on submission to EDVANCE Dropbox
rs	Legacy Project – self scheduled (8 hours minimum but may have more)	Verified by Point or Contact Form <i>Nancy O'Kane</i>
rs	Community Assessment/Windshield Survey (7 hours min but may have more)	Signed by a community stakeholder
rs	Triage/Disaster Day (Attendance Mandatory.)	Signed by Instructor
ours	Clinical #1 CBIS Healthy Aging - Danville, IL	Signed by Instructor or Preceptor <i>Roslyn Cox</i>
ours	Clinical #2 Accolade Healthcare - Danville, IL MDS	Signed by Instructor or Preceptor <i>[Signature]</i>
ours	Clinical #3	Signed by Instructor or Preceptor
ours	Clinical #4	Signed by Instructor or Preceptor