

Sarah Minacci

**SPRING 2025: N442: Clinical Hours Time-Log/Verification Form-Danville**

**Final Grade Will Not be Issued Until This Form is Completed and Submitted to the Appropriate Dropbox**

[Type here] Date	Time	Hours	Clinical Location	Verifier of Clinical Hours
Example: 08/20/2023	Example: 8a - 4:30 p	Example: 8 hours	Location of Clinical Experience	Whoever is verifying your hours needs to print their name and sign and include a phone & email.
1/14/2025	1600-1630	.5 hours	CLINICAL ORIENTATION-- LCN Danville Campus Room 205	Verified by attendance/Sonis and instructor observation  Pamela Armstrong APN MSN, RN
		0.5 hours each (6 hours total)	Weekly clinical post-conference (weeks 3-12) in class If absent from class MUST make up)	Print: Signature: <i>[Signature]</i> Phone: Email: <i>[Signature]</i>
		0.5 hours each	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 ✓ <i>[Signature]</i>
3/7/25	0900-1300	8 hours	Legacy Project - self scheduled (8 hours minimum but may have more)	Verified on submission to EDVANCE Dropbox
3/10/25	0900-1300			Verified by Point or Contact Form CC 217-307-3728
4/11/25	1300-1600 + computer work	7 hours	Community Assessment/Windshield Survey (7 hours min but may have more)	Signed by a community stakeholder <i>[Signature]</i>
4/1/25	5 hrs	5 hours	Triage/Disaster Day (Attendance Mandatory.)	Signed by Instructor <i>[Signature]</i>
2/11/25	0800-1200	4.0 hours	Clinical #1	Signed by Instructor or Preceptor <i>[Signature]</i> 217-554-1844
1/28/25	0800-1200	4.0 hours	Clinical #2	Signed by Instructor or Preceptor <i>[Signature]</i> 217-443-2999
2/18/25	0800-1200	4.0 hours	Clinical #3	Signed by Instructor or Preceptor <i>[Signature]</i> 217-431-7902
2/25/25	0800-1200	4.0 hours	Clinical #4	Signed by Instructor or Preceptor <i>[Signature]</i> 217-443-3106

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		4.0 hours	Clinical #5	Signed by Instructor or Preceptor
			MAKE-UP CLINICAL	
Total Hours:		45 needed  45/45 <i>[Signature]</i>		Clinical Component Met? YES/NO  Signature of Student: <i>[Signature]</i> Signature of Professor: <i>[Signature]</i>

- Complete this log each week.
- If you should happen to lose this paper or forget it for a clinical, you must obtain the signature by returning to see the clinical personnel. You can print a new form and have them fill it out that day and keep the forms together.
- **At the end of the semester, you must have verification of the 45 hours required to achieve a PASSING clinical grade in this course. If you do not have this verification it results in clinical failure.**
- If you MISS a clinical, you will need to determine if you can make up the clinical at the missed site with the LCN course coordinator. ALL MISSED CLINICALS WILL BE MADE UP!

Student Name: Sarah Minacci Semester: SPRING 2025  
Clinical Instructor: Pamela Armstrong MSN, RN