

Student Name	Hospital Name
Unit	Semester



N430 SENIOR PRACTICUM HOURS AND LOG SHEET

Please have your preceptor and any sub-preceptors clearly print their name, credentials, signature, and initials.

MUST BE HANDWRITTEN. PLEASE PRINT LEGIBLY SO WE CAN GIVE YOU CREDIT FOR YOUR TIME.

Preceptor Name	Credentials (ex. RN, BSN)	Signature	Initials	Email Address	# of Years as RN	Total hours w/ preceptor

Date	Unit	Hours Worked ex. 0700- 1930	Running Hours Total ex. 12/36	Preceptor Initials	Date	Unit	Hours Worked ex. 0700- 1930	Running Hours Total ex. 12/36	Preceptor Initials	Date	Unit	Hours Worked ex. 0700- 1930	Running Hours Total ex. 12/36	Preceptor Initials

Student learning objectives:
