

WSU COLLEGE OF NURSING
 N430 SENIOR PRACTICUM

Hours and Log Sheet - Semester: _____

Student Name	Hospital Name
Unit Name	

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

Preceptor email _____ (Include add'l preceptors email below for our thank you letter).

PLEASE PRINT LEGIBLY SO WE CAN GIVE YOU CREDIT FOR YOUR TIME

Clearly printed Name/Credentials/Initials e.g. Jane Doe, RNC/JD	Signature	Email Address	# of Years as RN	Total hours with this preceptor

Automated Drug Dispensing Device, e.g. Pyxis orientation ____ (preceptor initials)

Your Daily Log

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