COLLEGE OF NURSING

Clinical Experience Record

Name of Student	f StudentSemester					
Course NURS 4	ourse NURS 444: Community Health Nursing Professor					
Agency	•	_				
Address	PreceptorTelephone					
	<u>CLINIC</u>	AL SCHEDULE				
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<u>Date</u>	Location	Time	# Hours Spent			
Total Hours Po	auired	Total Hours	Mat			

Student		Date:			
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CLINICAL SCHEDULE (continued)					
Date	Location	Time	# Hours Spent		
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