EL PASO COMMUNITY COLLEGE ASSOCIATE DEGREE NURSING PROGRAM CLINICAL-REGISTERED NURSING/REGISTERED NURSE DOCUMENTATION OF CLINICAL HOURS SPRING 2018

Clinical Instructor		Office Phone:	Home Phone:	_
Name of Student:		Preceptor:		
Clinical Facility Unit:		_ Seme	ester/Date:	
course. the end o	Note: Students must complete a total one-hundred two Students may not work more than forty (40) schedule feach shift. It is the student's responsibility to reconvided. This is a permanent part of the student's reconvided.	ed clinical hours per wee rd the hours and have the	k. All hours must be sig	gned by the Preceptor at
Date	Shift	Total number of Hours Worked	Signature of Preceptor	Comments
	1. Hospital Orientation/Computer Training	3 Hours		
	2. Staff Teaching/Mid-Term	3 Hours		
	3. Final Evaluation	Hours Total=		
	* Log in the actual number of clinical hours in the space below			
		Signature of Studer	linical Hours = nt/Date: otor/Date::	