

Frances Payne Bolton School of Nursing

Senior Practicum Clinical Attendance Log

Student Name: _____ **Course Number: NURS** _____

Practicum Facility: _____ **Floor/Unit:** _____ **Preceptor(s):** _____

[illegible]

Total Hours: _____

Clinical Preceptor Signature/Date: _____

Clinical Faculty Supervisor Signature/Date: _____

Course Coordinator Signature/Date: _____