UNIVERSITY OF ST. FRANCIS LEACH COLLEGE OF NURSING 500 Wilcox Street Joliet, Il 60435

APN CLINICAL VERIFICATION FORM

STUDENT'S ARE RESPONSIBLE FOR MAINTAINING ACCURATE RECORDS FOR ALL CLINICAL HOURS THROUGHOUT THEIR PRACTICA EXPERIENCES. THE STUDENT MUST OBTAIN THE APPROVED PRECEPTOR'S INITIAL FOR EACH CLINICAL DAY. FOR EVERY SEMESTER, STUDENT'S MUST UPLOAD THIS COMPLETED FORM INTO THE "EXTERNAL DOCUMENTS" SECTION IN TYPHON.

COURSE: NURS 672A

PRECEPTOR NAME: Dr. Prafulla Koneru

STUDENT NAME: Taha Mohiuddin			SEMESTER / YEAR: Fall /2023			
DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL	
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PRECEPTOR NAME: Dr. Jenniser Schening	COURSE: NURS 672A
STUDENT NAME: Taha Mohiuddin	SEMESTER / YEAR: Fall 2023

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
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