

**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 PRACTICAL 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.

PRECEPTOR NAME: <u>Dr. Jennifer Schening</u>	COURSE: <u>NURS 672A</u>
STUDENT NAME: <u>Taha Mohiuddin</u>	SEMESTER / YEAR: <u>Fall 2023</u>

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
8/21/23	0900	1700	8	fm	
8/30/23	0900	1700	8	fm	
9/6/23	0900	1700	8	fm	
9/26/23	0900	1600	7	fm	
10/3/23	0900	1630	7.5	fm	
10/18/23	0900	1800	9	fm	
10/21/23	0800	1200	4	fm	
10/23/23	0900	1800	9	fm	
10/30/23	0700	1530	8.5	fm	
10/31/23	0900	1500	6	fm	
11/1/23	0900	1730	8.5	fm	
11/8/23	0900	1700	8	fm	
11/13/23	0900	1700	8	fm	
11/14/23	0900	1200	3	fm	
11/22/23	0900	1700	8	fm	
TOTALS:					

I, Jennifer Schening confirm that Taha Mohiuddin has completed a total of 110.5 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: <u>Jennifer Schening DO</u>	DATE: <u>11/22/23</u>
STUDENT SIGNATURE: <u>Taha Mohiuddin</u>	DATE: <u>11/22/23</u>

This form can be downloaded from the Typhon Main Screen under Information & Setup - Downloads (Program Documents/Templates) OR Student Accounts - View Documents