

**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: Brenda Streicher, NP	COURSE: NURS670A
STUDENT NAME: Taha Mohiuddin	SEMESTER / YEAR: Spring 2023

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
1/9/23	12:00	19:00	7	Tm	BS
1/13/23	08:00	12:00	4	Tm	BS
1/16/23	15:00	19:00	4	Tm	BS
1/18/23	08:00	15:30	7.5	Tm	BS
1/21/23	08:00	12:00	4	Tm	BS
1/23/23	12:00	19:00	7	Tm	BS
1/25/23	08:00	15:00	7	Tm	BS
1/28/23	08:00	12:00	4	Tm	BS
2/01/23	0800	15:00	7	Tm	BS
2/04/23	0800	1200	4	Tm	BS
2/08/23	0800	1500	7	Tm	BS
2/10/23	0800	1200	4	Tm	BS
2/13/23	1200	1900	7	Tm	BS
2/21/23	0800	1710	9.2	Tm	BS
2/23/23	0800	1720	9.3	Tm	BS
2/28/23	0800	1700	9	Tm	BS
<b>TOTALS:</b>					

I, Brenda Streicher confirm that Taha Mohiuddin has completed a total of 151 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: <u>B Streicher FNP-BC</u>	DATE: 4/10/23
STUDENT SIGNATURE: <u>Taha Mohiuddin</u>	DATE: 4/10/23

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

**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: Brenda Streicher, NP COURSE: NURS 670A  
 STUDENT NAME: Taha Mohiuddin SEMESTER / YEAR: Spring 2023

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
3/6/23	12:00	19:00	7	Tm	BS
3/8/23	08:00	15:00	7	fm	BS
3/11/23	0900	1200	3	fm	BS
3/22/23	0800	1500	7	fm	BS.
3/24/23	0800	1200	4	fm	BS
3/27/23	1200	1900	7	fm	BS
4/3/23	0700	1500	8	fm	BS
4/10/23	1200	1900	7	fm	BS.
<b>TOTALS:</b>					

I, Brenda Streicher confirm that Taha Mohiuddin has completed a total of 151 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: B Streicher FWA-BC DATE: 4/10/23  
 STUDENT SIGNATURE: Taha Mohiuddin DATE: 4/10/23

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