

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

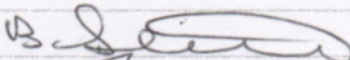
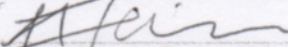
APN CLINICAL VERIFICATION FORM

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

PRECEPTOR NAME: <u>Brenda Streicher, NP</u>	COURSE: <u>NUAS671A</u>
STUDENT NAME: <u>Taha Mohiuddin</u>	SEMESTER / YEAR: <u>Summer 2023</u>

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
5/15/23	1200	1900	7	Tm	BS
5/16/23	0800	1700	9	Tm	BS
5/17/23	0800	15:30	7.5	Tm	BS
5/24/23	0800	1500	7	Tm	BS
5/31/23	0800	1530	7.5	Tm	BS
6/1/23	0800	1700	9	Tm	BS
6/5/23	1200	1800	6	Tm	BS
6/7/23	0800	1500	7	Tm	BS
6/12/23	1200	1900	7	Tm	BS
6/14/23	0800	1530	7.5	Tm	BS
6/15/23	1200	1900	7	Tm	BS
6/17/23	0800	1200	4	Tm	BS
6/19/23	1200	1920	7.3	Tm	BS
6/21/23	0800	1520	7.3	Tm	BS
6/24/23	0900	1200	3	Tm	BS
6/26/23	1200	1900	7	Tm	BS
TOTALS:					

I, Brenda Streicher confirm that Taha Mohiuddin has completed a total of 150.3 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: 	DATE: <u>7/25/2023</u>
STUDENT SIGNATURE: 	DATE: <u>7/25/2023</u>

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