

Clinical Hours Verification

Student Name:						
Course	nical Site/Agency:					
Clinical	inical Site/Agency: Tame of Preceptor: Date Setting Time (Hours) Preceptor initials					
Name o	f Preceptor	:				
Date	Setting	Time (Hours)		Preceptor initials		
Student	Signature		Date:			
Student	5151141410		Date			
Preceptor Signature:			Date: _	Date:		