

**Clinical Hours Verification**

**Student Name:** \_\_\_\_\_

**Course Number and Name:** \_\_\_\_\_

**Clinical Site/Agency:** \_\_\_\_\_

**Name of Preceptor:** \_\_\_\_\_

Date	Setting	Time (Hours)	Preceptor initials

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Preceptor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_