# Frances Payne Bolton School of Nursing
# Case Western Reserve University
# Clinical Hours for Additional Precepted Experiences

Student_____

Program_____

Course #_____

Date_____To_____

Clinical Preceptor and Credential_____

Clinical Site (Name, Address, Phone_____

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This is to certify that the student has completed_____hours of Clinical Expereince

Preceptor Signature_____

Date_____

Student Signature_____

Date_____