ANGELO STATE UNIVERSITY
Department of Nursing
Record of Clinical Requirements
RNSG_____ Spring_____

STUDENT NAME_____ FACULTY_____

FACILITY_____ CLINICAL DAY_____

SUBMITTED: CPR Card:_____ Scantrons:_____ HESI Score:_____

EXAM SCORES: I_____ II_____ III_____ IV_____ Final_____

ATTENDANCE:

JAN																	
FEB																	
MAR																	
APR																	
MAY																	

WRITTEN ASSIGNMENTS:

Assignment	Grade		comments
	Satisfactory	Unsatisfactory	
Med/Surg Case Study			
ICU Case Study			
PMC Paper			
Medication Paper			
IV Paper			
ER Paper			
SCCI Paper			

COMMENTS: