Angelo State University
Department of Nursing - Graduate Nursing Program
NUR 6308 – Nursing Education and Clinical Leadership Practicum
Nurse Educator / Clinical Leader - Practicum Hours Documentation Form

STUDENT NAME: _____ **Preceptor:** _____

Semester/Year: _____ (Copy/paste/fill out the table on a second page as needed)

DATE	Description of Activity*	Time Spent in Activity
	TOTAL PREPARATION TIME	

Student Signature _____ Faculty Signature _____
Date Date

*Activity: Please describe activity in detail.

Revised: Summer 2017