

**Angelo State University
 Department of Nursing
 Graduate Nursing Program
 NUR 6308 Practicum Hours Documentation Sheet**

It is important to keep an accurate record of hours spent in direct patient/client contact in the different spheres of influence. These hours may be accepted as part of an eligibility requirement for certification.

STUDENT NAME: _____ **Preceptor:** _____

Semester/Year: _____

(use multiple pages as needed)

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

Student Signature _____ Date _____ Faculty Signature _____ Date _____

*Activity: Please describe activity in detail.