## Angelo State University Nursing Program Clinical Hours Documentation Sheet

It is important to keep an accurate record of hours spend in direct patient/client contact in the different spheres of influence.

These hours may be accepted as part of the eligibility requirement for certification as an Advanced Practice Nurse.

STUDENT	NAME			Course Number		Semester			
Preceptor	Name <u>Printed</u> :								
Date	Preceptor Signature	#A/G Pts	A/G Hrs	# WH Pts	WH Hrs	# Peds Pts	Peds Hrs	Total # Pts	Total Hrs
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PAGE TOTALS		Adult/Geriatric Pts/Hrs		WH Pts/Hrs		Peds Pts/Hrs		TOTAL Pts/Hrs	
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Date Received by Faculty \_\_\_\_\_

Signature of Faculty \_\_\_\_\_\_