

**Angelo State University Nursing Program  
Integrated 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** Printed: \_\_\_\_\_

Date	Preceptor Signature	#MH pts	MH hrs	#A/G Pts	A/G Hrs	# WH Pts	WH Hrs	# Peds Pts	Peds Hrs	Total # Pts	Total Hrs

<b>PAGE TOTALS</b>	Mental Health	Adult/Geriatic	WH Pts/Hrs	Peds Pts/Hrs	<b>TOTAL Pts/Hrs</b>
	Pt/hrs	Pts/Hrs	____ / ____	____ / ____	____ / ____
	,	/			

**Grand totals:**

**Date Received by Faculty** \_\_\_\_\_ **Signature of Faculty** \_\_\_\_\_