**4853 Nursing Transitions**

**Preceptorship Log of Hours**

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| **Date** | **Hours completed**  **today** | **Cumulative hours to date** | **Preceptor signature** |
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| **Total hours** |  |  |  |

**Student must complete 120 clinical hours with preceptor RN to successfully complete this course.**

**Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**