**MSN Nurse Practitioner Programs**

**Preceptor Contact Information and Clinical Schedule**

**Instructions:**Please typethis form in its entirety. Submit a separate form for each clinical site. It is due week one by Sunday, 11:59 CST.

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| **Student Information**  |
| **Student Name:Foday Felix Sesay****Course Code**:NU610 | **Student Email**:fsesay@herzing.edu |
| **Student Address**:3634 Tupelo ct , Woodbridge ,Virginia , 22192 | **Contact Numbers(cell & home)****Cell: 5714550428****Home**: 5714550428**TIME ZONE:Eastern Time Zone** |
| **Clinical Practicum Site Name, Address&****Phone/Fax** | **Preceptor(s) name/credentials**  | **Preceptor schedule/****Clinic hours** | **Preceptor(s) Contact Info****Must be accurate- we will use this information to contact your preceptors** |
| **Site name:Medical Clinic of Woodbridge Inc****Site Address:12716 Directors Loop, Woodbridge, Virginia ,22192****Site Phone:703 497 1964** | **Preceptor name:****Credentials**:Medical Doctor | **Preceptor’s work schedule****Days of week:Monday to Friday****Daily hours**:0800 to 5 pm | **Preceptor e-mail:****Preceptor personal cell:703 4971964****Best days and time to reach**:Monday to Friday  |

**Clinical Schedule Instructions:**

* Clinical schedulesstart in week 2.Students are expected to be in clinical weekly through week 14and may need to go into week 15 to ensure completion of hours.
	+ ***Alternate schedules may be requested and must be reviewed and approved by your clinical faculty person.***
* List individual clinicaldates withstart and end times, and total shift hours for the entire semester. (Ex. 2-23-18, 8 am- 4 pm = 8 hrs.).Enterthe cumulativehours at the end of the schedule.
* Clinical faculty will review your schedule by the end of week 2.
* **Your clinical faculty person will follow up with you if they identify any potential problems.**

**Clinical Schedule**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Week 2**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 3**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 4**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 5**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 6**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 7**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 8**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Total clinical hours completed in course by mid-term =\_\_\_\_\_\_\_****(must have completed half of the required clinical hours and patient encounters by this point to receive a mid-term clinical passing grade)** |
| **Week 9**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 10**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 11**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 12**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 13**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 14**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Week 15**Date |  |  |  |  |  |  |  |
| Start TimeEnd Time |  |  |  |  |  |  |  |
| Total Shift Hours Completed |  |  |  |  |  |  |  |
| **Total clinical hours completed in this course =\_\_\_\_\_\_\_(see clinical guide for specific required hours)** |

**If you have to deviate from this schedule after it has been reviewed communicate the changes with your clinical faculty on your ‘weekly reflection and update form’.**