

## Documentation of Banked Clinical Hours

I \_\_\_\_\_ will complete \_\_\_\_\_ clinical hours during  
(Student Name) (# Clinical Hours)

\_\_\_\_\_ at \_\_\_\_\_ with  
(Dates) (Clinical Site)

\_\_\_\_\_. These clinical hours will be used to comply  
(Preceptor Name)

with the clinical requirements for \_\_\_\_\_. The faculty  
(Course # and Title)

who is approving this clinical experience and who is on call is \_\_\_\_\_.  
(Name of Faculty)

I have submitted a signed preceptor contract to the Graduate Nurse Practitioner Office prior to this clinical experience.

Signatures:

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Faculty)

\_\_\_\_\_  
(Director of Program)