

Georgia Southern University
Master of Science in Nursing
Clinical Preceptor Signature Form
NURS 7225

Please have your preceptor sign for the number hours you are present in clinical.

Student Name _____

Number	Date	Number of Clinical hours	Preceptor Name	Preceptor Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				