

## RN/LVN Refresher – Clinical Placement Log

Student: \_\_\_\_\_

Facility: \_\_\_\_\_

Contact at Facility: \_\_\_\_\_

Title/Role: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Unit/Area: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Clinical Hours Completed:

Date	Shift	Hours	Preceptor Initials
		Total Hours Completed:	

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Preceptor Signature Initials Date

\_\_\_\_\_  
Instructor/Coordinator Signature Date