**Texas State University**

**St. David’s School of Nursing**

**Student Clinical Schedule**

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| **Student:** | **NAME:** | | |
|  | **Cell Phone:** |  |  |
|  | **Home Phone:** |  |  |
|  | **e-mail address:** |  |  |

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| **Name of Clinical Site:** | |  | | | |
| **Type of Practice** | |  | | | |
| **Address:** | |  | | | |
| **Telephone Number:** | |  | | **Email:** | |
| **Name of Preceptor:** | |  | | | |
| **Type of Provider** | | **FNP PNP WHNP CNM MD DO** | | | |
| **Clinical Schedule** | | | | | |
| **Date** | **Day of Week** | | **Times(x am – x am)** | | **Total # Hrs. for Day** |
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| **Total Hours** |  | |  | |  |

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| **Name of Clinical Site:** | |  | | | |
| **Type of Practice** | |  | | | |
| **Address:** | |  | | | |
| **Telephone Number:** | |  | | **Email:** | |
| **Name of Preceptor:** | |  | | | |
| **Type of Provider** | | **FNP PNP WHNP CNM MD DO** | | | |
| **Clinical Schedule** | | | | | |
| **Date** | **Day of Week** | | **Times(x am – x am)** | | **Total # Hrs. for Day** |
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| **Total Hours** |  | |  | |  |

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| **Name of Clinical Site:** | |  | | | |
| **Type of Practice** | |  | | | |
| **Address:** | |  | | | |
| **Telephone Number:** | |  | | **Email:** | |
| **Name of Preceptor:** | |  | | | |
| **Type of Provider** | | **FNP PNP WHNP CNM MD DO** | | | |
| **Clinical Schedule** | | | | | |
| **Date** | **Day of Week** | | **Times(x am – x am)** | | **Total # Hrs. for Day** |
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| **Total Hours** |  | |  | |  |