Student Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Preceptor Name & Credentials** | **Pediatric Hours** | **Women’s Health Hours** | **Family Practice/Adult Hours** | **Semester & Year** |
| **Advanced Health Assessment Practicum**  **N5102** |  |  |  |  | Fall 20\_\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours Completed** |  |  |  |  | **80** |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **60** |
| **Adult/Gero Primary Care Practicum**  **N5310** |  |  |  |  | Spring 20\_\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **180** |
| **Reproductive Health Practicum**  **N5141** |  |  |  |  | Summer 20\_\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **60** |
| **Pediatric & Adolescent Primary Care Practicum**  **N5330** |  |  |  |  | Fall 20\_\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **180** |
| **Integrative Primary Care Practicum N5350** |  |  |  |  | Spring 20\_\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **180** |
| **Total Hours in Each Area Toward Program Requirement** | ***(Women’s Health Hours can be used for adult hours)*** | **/125** | **/75** | **/400** | **/660** |

Total number of Clinical Hours in the program: \_\_\_\_\_660\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of Clinical Hours Student has completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student has met Clinical Requirement for Graduation:  Yes  No

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* To sit for the FNP National Certification you must have a minimum of 500 Direct Patient Care Hours supervised by a qualified preceptor and of those 500 Direct Patient Care Hours the population foci for which that student was prepared FNP=Women/Pedi/Adult must be reflected. There are no specific clinical hour requirements for population focus.
* This is a worksheet to tally your clinical hours over the course of the FNP program
* As you progress in the program you will add your clinical hours
* This worksheet will allow your clinical faculty, director, accreditation surveyor, yourself to be able to calculate your current student hours at any given time
* This worksheet is used through all 5 semesters to track your progress
* Please upload this worksheet to your clinical practicum site at the end of the semester for a grade.