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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Preceptor Name & Credentials** | **Pediatric Hours** | **Women’s Health Hours** | **Family Practice/Adult Hours** | **Semester & Year**  |
| **Advanced Health Assessment Practicum****N5102** |  |  |  |  | Fall 201\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours Completed** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **60** |
| **Adult Primary Care Practicum****N5310** |  |  |  |  | Spring 201\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **180** |
| **Reproductive Health** |  |  |  |  | Summer 201\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **60** |
| **Pediatric & Adolescent Primary Care Practicum****N5330** |  |  |  |  | Fall 201\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Hours Toward Semester Course Requirement** |  |  |  |  | **180** |
| **Integrative Health and Health Practicum****N5350** |  |  |  |  | Spring 201\_ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Semester Hours** |  |  |  |  |  |
| **Total Clinical Hours in each area**  |  | /125 | /75 | /400 | /660 |
| **Total Hours in Each Area Toward Program Requirement** |  | **125** | **75** | **400** | **660** |

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

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 hours 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
* Since this worksheet was developed by Typhon was selected by the FNP program to track your clinical hours.
* Please submit this worksheet (until further notice) to your clinical faculty at the end of semester when you meet with your clinical faculty so that your clinical hours are reflected and you will be eligible to sit for your FNP national certification.