**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:** |  |
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| **Address:** |  |
| **Telephone Number:** |  | **Email:** |
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| **Type of Provider** | **FNP PNP WHNP CNM MD DO** |
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| **Total Hours** |  |  |  |