**FNP Student Clinical Progress**

**DEMOGRAPHICS**

STUDENT       CLASS #

ADVISOR       CRED COORD

CB DATE       POS

END DATE­­­­       STATUS:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SITE # 1** | | | | | | **SITE # 2** | | | | | | **SITE # 3** | | | | | | **SITE # 4** | | | | |
| Facility:  Address: | | | | | | Facility:  Address: | | | | | | Facility:  Address: | | | | | | Facility:  Address: | | | | |
| ***Date of Completion*** | | | | | | ***Date of Completion*** | | | | | | ***Date of Completion*** | | | | | | ***Date of Completion*** | | | | |
| Contract | | |  | | | Contract | | | |  | | Contract | | | |  | | Contract | | |  | |
| COI | | |  | | | COI | | | |  | | COI | | | |  | | COI | | |  | |
| PCSV | | |  | | | PCSV | | | |  | | PCSV | | | |  | | PCSV | | |  | |
| ***Preceptors(s)*** | | | ***Contract date*** | | | ***Preceptor(s):*** | | | | ***Contract date*** | | ***Preceptor(s):*** | | | | ***Contract date*** | | ***Preceptor(s):*** | | | ***Contract date*** | |
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| ***Clinical Schedule*** | | | | | | ***Clinical Schedule*** | | | | | | ***Clinical Schedule*** | | | | | | ***Clinical Schedule*** | | | | |
|  | | | | | |  | | | | | |  | | | | | |  | | | | |
| **Clinical Hours (Total = 675)** | | | | | | | | | | | | | | | | | | | | |
| *DATE* | *HOURS* | |  | *DATE* | | *HOURS* |  | *DATE* | | *HOURS* | |  | *DATE* | *HOURS* | |  | | *DATE* | *HOURS* | |
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| **SELF EVALUATIONS DDATs** | | | | | | |
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**Soap Requirements:**

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| *SOAPs* |  | *Date* | *Diagnosis* |
| Adolescent Episodic (13-19 years) | 1 |  |  |
| Adolescent Well-Child (13-19 years) | 1 |  |  |
| Infant / Toddler Episodic (2 wks-5 yrs) | 1 |  |  |
| Infant / Toddler Well-Child (2 wks-5 yrs) | 1 |  |  |
| School Age Episodic (6-12 yrs) | 1 |  |  |
| School Age Well-Child (6-12 yrs) | 1 |  |  |
| Adult Episodic & Wellness | 2 |  |  |
| Adult Chronic | 2 |  |  |
| New Antepartum | 2 |  |  |
| Newborn Exams | 2 |  |  |
| Returning Antepartum | 2 |  |  |
| Speculum / Bi-Manual Exams | 2 |  |  |

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| *Grade Requirements:* | | | | |
|  | *Term:* | *Term:* | *Term:* | *Term:* |
| **MDATs** | **641** | **642** | **643** | **644** |
| **Hours** | 135 | 270 | 405 | 675 |
| **Grade** |  |  |  |  |

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| **MISC** | **641 Reflection =** | *-----n/a-----* | **643 Assignment =** | **644 Reflection =** |
|  | **APEA** | **NP 636** | **NP 637** | **NP 635** |
| **Registered for NP 645:** |

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| **Preceptor:** |  |  |  |  |  |  |  |  |  |
| **Hours:** |  |  |  |  |  |  |  |  |  |
| **Payment Form Sent:** |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| ***END OF CLINICAL INFORMATION:*** | |
| **Site Visit Date** |  |
| **Case Presentation** |  |
| **End of Clinical Instructions Sent** |  |
| **Financial Aid / Accounting** |  |
| **Evaluations of Sites / RCF Complete** |  |
| **Review of Transcripts** |  |
| **End of Clinical Email Sent** |  |

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| ***Clinical Communication Log:*** | | | |
| Date: | Contact Preceptor: | Contact Student: | Notes: |
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Graphical and Case Log Completion from Typhon

Paste Here: