**FNP Student Clinical Progress**

**DEMOGRAPHICS**

STUDENT       CLASS #

ADVISOR       CRED COORD

CB DATE       POS

END DATE­­­­       STATUS:

|  |  |  |  |
| --- | --- | --- | --- |
| **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: