

St. John Fisher College
Wegmans School of Nursing
Clinical Course Summary

Student Name: _____

ID #: @ _____

Program of Study (circle): PC-FNP AGNP-AC AGNP-PC CNS PMHNP

Course: GNUR _____ Semester: Fall _____ Spring _____ Summer _____ Year _____

Faculty Site Visitor _____

Preceptor: (name & credentials)	Site: (full mailing address)	Type of setting	Hours Honorarium (office use only)	Total hours for semester

Type of setting: Primary Care = School based clinic; Private practice; Primary care clinic; Long Term Care facility Ambulatory: Urgent care; ED; Employee health
Specialty: Specialty clinic/office; Inpatient: Inpatient hospital units

Student signature: _____ Date: _____

Preceptor(s) signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

Students: Make a copy of this form for each course for your records. You will need this information for your employer and national certification application after graduation. Submit the original to seminar faculty once your clinical hours are complete.