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 ______________________________________________________

<table>
<thead>
<tr>
<th>Preceptor: (name &amp; credentials)</th>
<th>Site: (full mailing address)</th>
<th>Type of setting</th>
<th>Hours Honorarium (office use only)</th>
<th>Total hours for semester</th>
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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.

8.31.16 NM, revised 8.11.17 CDD