

BSU School of Nursing

Community Health Clinical Documentation

Name of Agency: _____

Address: _____

Phone Number: _____

Student's name: _____

Date of Clinical Experience: _____

Verification of the number of clinical hours completed:

Role Development: Member of Profession	S	NI	U	NA
<i>Professional Values/Ethics:</i>				
1. Demonstrates self-sufficiency in locating and arriving at assigned clinical site on time; if ill, reports as directed				
2. Demonstrate responsibility and accountability for one's own practice				
3. Protects confidentiality of client information				
4. Functions independently and through self-directed learning experiences				
5. Adheres to professional, legal, ethic standards, and follows agency policies				
6. Recognizes limitations and requests appropriate assistance				
7. Follows uniform/agency dress code policies				

1/01 Evaluation based on AACN Essentials of Baccalaureate Education (1998) as organizing frame work

Comments:

Student Signature: _____ **Date:** _____

Preceptor Name: _____ **Date:** _____
 (Print)

Preceptor Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____