



# University of Toledo College of Nursing

## DNP Clinical Practice Log

(for NURS 7020, NURS 7030, NURS 7080, NURS 7180 and NURS 7890 only)

Course Number / Name :

Student Name: \_\_\_\_\_

Course Objective:

Faculty Name: \_\_\_\_\_

Clinical Mentor Name: \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.

Activity	Date	Hours	Clinical Site	Course Objective Met	Outcomes/Products

Total Supervised Hours: \_\_\_\_\_

Clinical Mentor Signature/Date: \_\_\_\_\_

Student Signature/Date: \_\_\_\_\_

Course Faculty Signature/Date: \_\_\_\_\_