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: __________________________
Course Objective: __________________________

Student Name: __________________________
Faculty Name: __________________________
Clinical Mentor Name: __________________________

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

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<tr>
<th>Activity</th>
<th>Date</th>
<th>Hours</th>
<th>Clinical Site</th>
<th>Course Objective Met</th>
<th>Outcomes/Products</th>
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Total Supervised Hours: __________________________

Clinical Mentor Signature/Date: __________________________

Student Signature/Date: __________________________

Course Faculty Signature/Date: __________________________