



State University of New York
Upstate Medical University

College of Nursing

**Clinical Management in Primary Health Care:
Family Nurse Practitioner**

SHORT-TERM CLINICAL EXPERIENCE
(40 hours or less)

CLINICAL PERFORMANCE EVALUATION
Preceptor Evaluation

If applicable: please comment on the student's overall clinical performance

Preceptor Signature _____ # Clinical Hours _____

Preceptor Name (Print) _____ Date _____

Student Signature _____ Date _____

Faculty Signature _____