

Student _____



State University of New York

Upstate Medical University

COLLEGE OF NURSING

NURS 444: COMMUNITY HEALTH NURSING

CLINICAL LOG/JOURNAL

Date of entry _____ **Number of clinical hours** _____

Clinical Site _____

Notation of major happenings/learning

Reactions/feelings

Plans for next/future clinical

Questions/problems/concerns

Preceptor Signature _____

Note: Please keep original of log entry and submit copy to faculty each week. Logs will not be returned.