STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAU E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Course: NGRL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester & Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Population Focus Summary**

|  |  |  |
| --- | --- | --- |
| **Population Focus** | **Number of Clinical Hours/Visits** | **Running Total Number of Clinical Hours/Visits from Previous Semesters** |
| **Women’s Health Summary** (well woman, pelvic exam, family planning, menopause, OB, pre or post natal) Include copy of eLogs Women’s Health Summary. Recommend 100 hours required for FNP & AGNP |  |  |
| **Pediatric Summary** 0-21 years Recommend 50 hours for FNP students |  |  |
| **Adult Summary** 22-55 years |  |  |
| **Geriatric Summary FNP Students**: 56 years and older  |  |  |
| **Geriatric Summary AGNP Students**: 56 years and older |  |  |
| AGNP Students: 8 hours in Memory and Wellness Center in NGR 6500L are required |  |  |
| AGNP Students: 16 hours Memory and Wellness Center in NGR 6607L are required |  |  |
|  AGNP Students:100 hours in long term care are required |  |  |
| **Total Clinical Hours this Semester** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF SITE | PRECEPTOR’S NAME | PRECEPTOR’SADDRESS PHONE NUMBERAND E-MAIL | TOTAL HOURS WITH PRECEPTOR | FACULTY RECOMMENDS SITE AND PRECEPTORYES OR NO | STUDENTRECOMMENDSSITE AND PRECEPTORYES OR NO  |
| #1 |  | **E-mail** |  |  |  |
| #2 |  | **E-mail** |  |  |  |
| #3 |  | **E-mail** |  |  |  |

CLINICAL FACULTY SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
TOTAL HOURS COMPLETED THIS SEMESTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONCENTRATION COORDINATOR SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­