Molloy College
The Barbara H. Hagan School of Nursing
Graduate Program
Clinical Hours Verification Form

Student Name:_____ Semester: _____

Clinical Site: _____ Preceptor Name:_____

Date of Clinical Experience	Start and finish time e.g.– 8AM-4PM = 8 hours	Signature of Preceptor for the day
	Total Number of Hours	

Student Signature:_____ Preceptor Signature:_____

revised 9/2016