

STUDENT SIGN IN/OUT FORM

Hospital: _____

Unit: _____

| Today's Date | Student's First/ Last Name | School | Program (ex. Nursing, RT, EMT-Basic, PT, etc.) | Instructor's Name & Contact Info | Time In | Time Out | If being Precepted, BHS Staff you are working with: |
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Students may assist with patient care **under the supervision of the Clinical Instructor or BHS assigned Preceptor** (as outlined in HR-99). Students may only assist with clinical skills that have been successfully demonstrated in a skills lab. Nursing students must carry a "Record of Nursing Skills Clinical Passport" reflecting demonstrated skills.

Note to Hospital: Please keep completed form on file for six years (in compliance with AD 1.11 Tenet Records Management policy).