

CLINICAL HOURS TABLE

SMCH: New Graduate RN Residency Program

Applicant Name:

- * Please populate the table below with your Clinical Rotation and Preceptorship/Practicum hours.
- * If you rotated to multiple departments at a single clinical location, please separate hours by unit.

Clinical Site Location:	Department/Unit(s):	Total Hours:	Pediatric/Neonatal Population (Yes/No):