

**MENNONITE COLLEGE OF NURSING at ILLINOIS STATE UNIVERSITY**  
**FNP - STUDENT CLINICAL EXPERIENCE INDIVIDUAL LOG SUMMARY**

**This form is to be completed and turned in with each set of clinical experience logs.**

**Circle: FNP I II III IV**

**Preceptor** \_\_\_\_\_

Student: \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Number of hours of attendance for this time period: \_\_\_\_\_

Total clinical hours for course thus far: \_\_\_\_\_

1. Areas I need to seek **further experience** in for the next weeks in this course clinical time:

Problems encountered in clinical experiences causing **impediments to learning**:



