

**Widener University  
School of Nursing**

***Doctor of Nursing Practice Program***

***Student Clinical Practicum Activities Journal and Clinical Hours Form***

Directions: Document all practicum activities and describe how each activity helped you to meet course objectives and DNP competencies. Evaluate the extent to which this activity enhanced your clinical expertise and contributed to the development and completion of your capstone project. Have your clinical preceptor or mentor sign for the activity.

Student Name: \_\_\_\_\_ Course \_\_\_\_\_

Goal(s): \_\_\_\_\_

Objectives: \_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_

<i>Date</i>	<i>Practicum Activity</i>	<i>Linkage to Course Objectives/DNP Competencies</i>	<i>Activity Evaluation</i>	<i>Hours/ Signature of Clinical preceptor/ mentor</i>

Student signature: \_\_\_\_\_ Total hours completed: \_\_\_\_\_

SDB 9/24/10