

**UNIVERSITY OF ST. FRANCIS
LEACH COLLEGE OF NURSING
500 Wilcox Street Joliet, IL 60435**

APN CLINICAL VERIFICATION FORM

STUDENT'S ARE RESPONSIBLE FOR MAINTAINING ACCURATE RECORDS FOR ALL CLINICAL HOURS THROUGHOUT THEIR PRACTICA EXPERIENCES. THE STUDENT MUST OBTAIN THE APPROVED PRECEPTOR'S INITIAL FOR EACH CLINICAL DAY. FOR EVERY SEMESTER, STUDENT'S MUST UPLOAD THIS COMPLETED FORM INTO THE "EXTERNAL DOCUMENTS" SECTION IN TYPHON.

PRECEPTOR NAME: <u>AMANDA LEMAY</u>	COURSE: <u>NURS 670</u>
STUDENT NAME: <u>MALGORZATA NOWAKOWSKI</u>	SEMESTER / YEAR: <u>SUMMER 2022</u>

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
5/25/22	8:00	18:30	10.5	MN	<i>[Signature]</i>
5/26/22	8:00	17:00	9	MN	<i>[Signature]</i>
6/01/22	8:00	18:00	10	MN	<i>[Signature]</i>
6/02/22	8:00	17:00	9	MN	<i>[Signature]</i>
6/07/22	8:00	18:00	10	MN	<i>[Signature]</i>
6/08/22	8:00	13:30	5.5	MN	<i>[Signature]</i>
6/14/22	8:00	18:00	10	MN	<i>[Signature]</i>
6/15/22	8:00	18:00	10	MN	<i>[Signature]</i>
6/28/22	8:00	16:00	8	MN	<i>[Signature]</i>
7/05/22	8:00	18:00	10	MN	<i>[Signature]</i>
7/06/22	8:00	18:00	10	MN	<i>[Signature]</i>
7/12/22	8:00	18:00	10	MN	<i>[Signature]</i>
TOTALS:			112		

I, Amanda Lemay confirm that Malgorzata Nowakowski has completed a total of 112 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: <i>[Signature]</i>	DATE: <u>7/12/22</u>
STUDENT SIGNATURE: <i>[Signature]</i>	DATE: <u>7/12/2022</u>

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PRECEPTOR NAME: <u>ALICJA POLESZAK, MD</u>	COURSE: <u>NURS 670</u>
STUDENT NAME: <u>MALGORZATA NOWAKOWSKI</u>	SEMESTER / YEAR: <u>SUMMER 2022</u>

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
5/18/2022	09:00	17:00	8	MN	<i>[Signature]</i>
5/19/2022	11:00	19:00	8	MN	
6/18/2022	09:00	12:00	3	MN	
6/20/2022	11:00	18:00	7	MN	
6/21/22	11:00	13:00	2	MN	
6/23/22	12:00	19:00	7	MN	
6/27/22	11:00	17:00	6	MN	
TOTALS:			<u>41</u>		

I, ALICJA POLESZAK confirm that MALGORZATA NOWAKOWSKI has completed a total of 41 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: <i>[Signature]</i> MD.	DATE: <u>6/27/22</u>
STUDENT SIGNATURE: <i>[Signature]</i>	DATE: <u>6/27/2022</u>

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PRECEPTOR NAME: ANNA M. IGNACZENSKA, MD COURSE: NURS 671A
STUDENT NAME: MALGORZATA NOWAKOWSKI SEMESTER / YEAR: FALL 2022

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
8/31/22	11:30	16:00	4.5	MCN	AI
9/1/22	12:00	16:00	4	MCN	AI
9/2/22	10:00	14:00	4	MCN	AI
9/6/22	10:00	14:00	4	MCN	AI
9/7/22	11:30	16:00	4.5	MCN	AI
9/8/22	12:00	16:00	4	MCN	AI
9/9/22	10:00	14:00	4	MCN	AI
9/13/22	10:00	13:00	3	MCN	AI
9/14/22	11:30	16:00	4.5	MCN	AI
9/15/22	12:00	16:00	4	MCN	AI
9/16/22	10:00	14:00	4	MCN	AI
9/20/22	10:00	13:00	3	MCN	AI
9/22/22	12:00	16:00	4	MCN	AI
9/23/22	10:00	14:00	4	MCN	AI
9/27/22	10:00	14:00	4	MCN	AI
9/28/22	11:30	16:00	4.5	MCN	AI

TOTALS:

I, Anna Ignaczewska MD confirm that MALGORZATA NOWAKOWSKI has completed a total of 93.5 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: Anna Ignaczewska MD
STUDENT SIGNATURE: M. Nowakowski

DATE: 11/02/2022

DATE: 11/02/2022

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PRECEPTOR NAME: DOLLY AGBA COURSE: NURS 671A
STUDENT NAME: MALGORZATA NOWAKOWSKI SEMESTER / YEAR: FALL 2022

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
8/30/22	7:30	18:00	10.5	MCN	DA
9/12/22	8:00	16:00	8	MCN	DA
9/19/22	8:00	16:00	8	MCN	DA
9/26/22	8:00	16:00	8	MCN	DA
10/3/22	8:00	16:00	8	MCN	DA
M.N. 10/13/22	8:00	16:00	8	MCN	DA
10/24/22					
11/08/22	8:00	16:00	8	MCN	DA

TOTALS:

I, DOLLY AGBA confirm that MALGORZATA NOWAKOWSKI has completed a total of 58.5 hours in my office, under my supervision.

PRECEPTOR SIGNATURE:

Dolly Agba

DATE:

11/08/2022

STUDENT SIGNATURE:

M. Nowakowski

DATE:

11/08/2022

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#1

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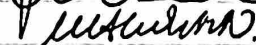
APN CLINICAL VERIFICATION FORM

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PRECEPTOR NAME: <u>Alicja B. Poleszak</u>	COURSE: <u>NURS 672</u>
STUDENT NAME: <u>Malgorzata Nowakowski</u>	SEMESTER / YEAR: <u>Spring 2023</u>

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
01/12/23	12:00	19:00	7	MN	AP
01/13/23	10:00	15:00	5	MN	AP
01/16/23	11:00	17:00	6	MN	AP
01/17/23	10:00	14:00	4	MN	AP
01/18/23	10:00	14:00	4	MN	AP
01/19/23	12:00	19:00	7	MN	AP
01/20/23	10:00	15:00	5	MN	AP
01/23/23	11:00	17:00	6	MN	AP
01/24/23	10:00	14:00	4	MN	AP
01/26/23	12:00	19:00	7	MN	AP
01/30/23	11:00	17:00	6	MN	AP
01/31/23	10:00	14:00	4	MN	AP
02/06/23	11:00	17:00	6	MN	AP
02/07/23	10:00	14:00	4	MN	AP
02/13/23	11:00	17:00	6	MN	AP
02/14/23	10:00	14:00	4	MN	AP
TOTALS:				can't to page #2	

I, ALICJA POLESZAK confirm that MALGORZATA NOWAKOWSKI has completed a total of 152 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: 	DATE: <u>04/11/2023</u>
STUDENT SIGNATURE: 	DATE: <u>04/11/2023</u>

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#2

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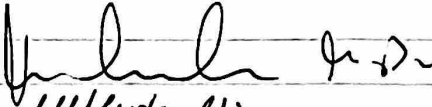

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PRECEPTOR NAME: <u>Alicja B. Poleszak, MD</u>	COURSE: <u>NURS 672</u>
STUDENT NAME: <u>Malgorzata Nowakowski</u>	SEMESTER / YEAR: <u>spring 2023</u>

DATE	START TIME	END TIME	TOTAL HOURS	STUDENT INITIAL	PRECEPTOR INITIAL
02/20/23	11:00	17:00	6	MN	AB
02/21/23	10:00	14:00	4	MN	AB
02/27/23	11:00	17:00	6	MN	AB
02/28/23	10:00	14:00	4	MN	AB
03/06/23	11:00	17:00	6	MN	AB
03/13/23	11:00	17:00	6	MN	AB
03/14/23	10:00	14:00	4	MN	AB
03/21/23	10:00	14:00	4	MN	AB
03/22/23	10:00	14:00	4	MN	AB
03/27/23	11:00	17:00	6	MN	AB
03/28/23	10:00	14:00	4	MN	AB
04/03/23	11:00	17:00	6	MN	AB
04/04/23	10:00	14:00	4	MN	AB
04/11/23	10:00	14:00	4	MN	AB
				MN	
TOTALS:			<u>152</u>		

I, ALICJA POLESZAK confirm that MALGORZATA NOWAKOWSKI has completed a total of 152 hours in my office, under my supervision.

PRECEPTOR SIGNATURE: 	DATE: <u>04/11/2023</u>
STUDENT SIGNATURE: 	DATE: <u>04/11/2022</u>

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