**Illinois State University**

**Mennonite College of Nursing**

**DNP Clinical Residency Log**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Semester/Year: \_\_\_\_\_\_\_\_\_\_\_ Course Number:** \_\_\_\_\_\_\_\_\_\_

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| **Date** | **Description of Activity**  **(Summary of what you did)** | **\*DNP Essentials** | **Outcome Achieved**  **(related to the DNP Essentials/Competencies)** | **Activity Hours** | **Total Hours** |
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**\*See** [**http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf**](http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf)

**Student signature** (typed or written)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Submit to Course Faculty**