**Illinois State University**

**Mennonite College of Nursing**

**DNP Clinical Residency Log**

**Student Name**: Click here to enter text. **Preceptor Name**: Click here to enter text.

**Semester/Year**: Click here to enter text. **Course Number**:Click here to enter text.

**Semester Objectives:**

1.

2.

3.

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| Date | Description of Activity (summary of what you did) | \*DNP Essentials/Competencies/Objectives | 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: Click or tap here to enter text. Date: Click here to enter text.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Clinical Residency Log form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*

**Submit to Course Faculty**