**Illinois State University**

**Mennonite College of Nursing**

**CPET Cover Sheet (one required per clinical section)**

|  |  |
| --- | --- |
| **NUR Course (circle):** 229 231 314 316 AP 325 327 | Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinical Section Number: |  |  | Fall |
| Instructor Name: |  |  | Spring |
| Course Leader Name: |  |  | Summer |

Clinical Instructor:

|  |  |  |
| --- | --- | --- |
| Copy of CPET was provided to student | Yes | No |
| Date Provided | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Method Provided | Email | Hard Copy |
| Please return completed CPETs to course leader within one week following completion of course clinical. (If you need a postage-paid envelope to return CPETs, please email dmmilew@ilstu.edu.) |

Course Leader:

Please gather completed CPETs from clinical instructors, and bring them to the end of semester course leader meeting.