CAPE FEAR COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
CLINICAL ASSIGNMENT SHEET

STUDENT LEVEL_____ INSTRUCTOR_____ PHONE #_____

Unit:_____ Date: _____ Hours: _____ Post Conference _____ Time _____ Location	Special Instructions:
Student's Name:	Student's Name:
Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Name:
Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Name:
Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Name:
Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Name:
Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____

Rev. 8/27/02, 6/11/12,12/3/13