UMKC School of Nursing and Health Studies
Exploring the Nursing Profession Documentation Form

(You may also use your own form to document, but include the information identified.)

Student Name: _____

Location/Place: _____

Supervisor's Contact Information—
Please include first and last name of supervisor, phone number, and email (supervisor signature not necessary):

_____

Date	Activity - What was done? Please be specific.	Timeframe: From when to when?	# of Hours