**FNP Preceptor Contact Log**

Student Name:

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| **Preceptor Name** | **Clinic** | **Contact Method** | **Contact Information** | **Attempt** | **Response** | **Notes** |
| *(Phone or Email)* | *(email address or phone number)* | **1** | **2** | **3** |
| *Example:**Sue Smith, APNP* | *SSM –Fond du Lac Regional Clinic* | *Email to clinic manager Jane Doe* | *Jane.doe@ssm.org* | *5/15/2024 – sent email* | *5/23/2024* |  | *No* | *Is not currently taking students.* |
| *Example:**Dr. John Doe* | *Ascension – Appleton Richmond St* | *Phone* | *920-555-5555* | *5/15/2024 – left voicemail* |  |  |  |  |
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