



MEDICATION AIDE CLINICAL ATTENDANCE RECORD

Student Name: _____ Class #: _____

Please Print

Facility Name: _____ Clinical Hours: _____

Clinical Location: _____

There will be a minimum of 10 medication passes to a minimum of 5 residents during the 24 hours of clinical practice. All clinical hours shall be in medication administration activities. The clinical experience shall be progressive with the OSBN approved clinical preceptor observing the medication administration and gradually increasing the number of clients to whom the student is administering medication.

Date	Time In	Time Out	Student Signature	# of Residents	# of Med Passes	**Instructor Signature

**Instructor Name: _____

Please Print

**Instructor name and signature must be the same as on file with the OSBN.