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| Name: | NSCRT #: |
| <p><u>Continuing Education Recording Form – Section 4</u></p> <p>Preceptorship Hours</p> <p>(8 or 12 hours = 1 credit)</p> | |
| Date: | Site: |
| Name: | RT Shift Worked: |
| Shift: | |
| Summary of Preceptorship (including content): | |
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