

## Cohort Time Study Form

\*Please use black or blue ink ONLY

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Instructor: \_\_\_\_\_

Unit: \_\_\_\_\_

**DIRECT LEARNING:** This is the time that you are actually engaged with a Corewell Health Staff RN while they explain procedures, answer questions, give report, discuss medications, perform assessments, review/evaluate labs, or participate in a procedure.

Date	What time did you work with the Staff RN?		Direct Learning		Employee ID#	Nurse's <u>Signature</u>	Nurse's Printed Name
	From	To	Hours	Minutes			
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Please send to:  
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Phone: 248-551-7462  
or scan & E-mail to: CHENursingStudents@CorewellHealth.org