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 *Beaumont 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? From To	Direct Learning Hours	Minutes	Employee ID#	Nurse's *Signature*	Hours of RN's Shift 8, 12, etc.
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Please send to:
Mikel Koyl, Affiliation Program Coordinator
Phone: 248-551-7462
or scan & E-mail to: CHENursingStudents@CorewellHealth.org