



**SCHOOL OF SURGICAL TECHNOLOGY
CLINICAL EXPERIENCE RECORD**

NAME: _____

CLINICAL SITE: _____

ROTATION DATES: _____

DATE	PROCEDURE	SURGEON	C O	S S	F S

STUDENT SIGNATURE: _____ DATE: _____

FACULTY SIGNATURE: _____ DATE: _____

KEY: C,O= Circulate, Observe
SS= Second Scrub
FS= Primary Scrub (Pass Instruments)