

PRIMO ACES/ACES+ Shadowing Log

Student Name: _____

Healthcare Facility: _____

Week of: _____

Date	Time In	Time Out	Time In	Time Out	Total Hours

Week of: _____

Date	Time In	Time Out	Time In	Time Out	Total Hours

Student Signature Date

Preceptor Signature Date

ECMO AHEC Representative Signature Date

You must complete Shadowing Log & Report and send within 1 week of completing shadowing experience to:

**ECMO AHEC
3115 South Grand; Suite 313
St. Louis, MO 63118**