Documentation of Clinical Hours Semester Year **Summary** Student: Clinical Site: Place(s) **Preceptor Initials** Week Hours 1 3 4 6 **Total Clinical Hours (6 wks)**: Student Signature: _____Preceptor Signature: _____ Clinical Faculty Signature: **Week I** Time Sheet Clinical Site: **Student:** Place(s) Clinical Date/Day Hours **Preceptor Faculty Initials** At Site (with initials) Week I Total Hours: Student Signature:______Preceptor Signature:_____ Clinical Faculty Signature:

Week II Time Sheet

Student:		Clinical Site:		
Clinical Faculty At Site (with initials)	Date/Day	Place(s)	Hours	Preceptor Initials
		Week II Total H	ours.	
Student Signet	1100	Preceptor (
Clinical Facult		Week III Time	Sheet	
Clinical Facult	y Signature:	Week III Time		Preceptor Initials
Clinical Facult Student: Clinical Faculty At Site	y Signature:	Week III Time Clinical Site:		Preceptor
Clinical Facult Student: Clinical Faculty At Site	y Signature:	Week III Time Clinical Site:		Preceptor
Clinical Facult Student: Clinical Faculty At Site	y Signature:	Week III Time Clinical Site:		Preceptor
Clinical Facult Student: Clinical Faculty At Site	y Signature:	Week III Time Clinical Site: Place(s)	Hours	Preceptor
Clinical Facult Student: Clinical Faculty At Site	y Signature:	Week III Time Clinical Site:	Hours	Preceptor

Week IV Time Sheet

tuuciit.	Clinical Site:				
Clinical Faculty At Site (with initials)	Date/Day	Place(s)	Hours	Preceptor Initials	
		W. L.W.			
		Week IV Total I			
1 4 ~ .					
		Preceptor	Signature:		
linical Facult	ty Signature:		Sheet		
tudent: Clinical Faculty At Site	ty Signature:	<u>Week V</u> Time S	Sheet		
udent: Clinical Faculty At Site	ty Signature:	Week V Time S Clinical Site:	Sheet	Preceptor	
udent: Clinical Faculty At Site	ty Signature:	Week V Time S Clinical Site:	Sheet	Preceptor	
linical Facult tudent: Clinical Faculty	ty Signature:	Week V Time S Clinical Site:	Sheet	Preceptor	
tudent: Clinical Faculty At Site	ty Signature:	Week V Time S Clinical Site:	Sheet	Preceptor	
tudent: Clinical Faculty At Site	ty Signature:	Week V Time S Clinical Site:	Sheet	Preceptor	

Week VI Time Sheet Clinical Site:

Student:		Clinical Site:			
Clinical Faculty At Site (with initials)	Date/Day	Place(s)	Hours	Preceptor Initials	
		Week VI Total Hours:			
Student Signa	lent Signature:Preceptor Signature:				

Clinical Faculty Signature: