

Documentation of Clinical Hours Semester _____ Year _____

Summary

Student: _____ Clinical Site: _____

Week	Place(s)	Hours	Preceptor Initials
1			
2			
3			
4			
5			
6			
		Total Clinical Hours (6 wks):	

Student Signature: _____ Preceptor Signature: _____

Clinical Faculty Signature: _____

Week I Time Sheet

Student: _____ Clinical Site: _____

Clinical Faculty At Site (with initials)	Date/Day	Place(s)	Hours	Preceptor 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 Hours:				

Student Signature: _____ Preceptor Signature: _____

Clinical Faculty Signature: _____

Week III Time Sheet

Student: _____ Clinical Site: _____

Clinical Faculty At Site (with initials)	Date/Day	Place(s)	Hours	Preceptor Initials
Week III Total Hours:				

Student Signature: _____ Preceptor Signature: _____

Clinical Faculty Signature: _____

Week VI Time Sheet

Student: _____ Clinical Site: _____

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

Student Signature: _____ Preceptor Signature: _____

Clinical Faculty Signature: _____