

Student please use this sheet as a means to track and submit hours worked at selected clinical site. Your signature is your acknowledgement that you performed duties at the location for the specified time period and date. Any untruths or purposeful falsification on this sheet regarding hours will result in disciplinary action, up to and including dismissal from the course.

Student name: Last, First \_\_\_\_\_

Clinical Site: Belmont Village \_\_\_\_\_ Direct Report: \_\_\_\_\_ ( )

Student Signature	Date	Time in / Time out	Total hours	Location signature
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		
	6/ / 2017	-		

54 hours total required