

Date	Start/End time	Number of hours (must be in increments of 30 minutes)	Student's Initials	Clinical Supervisor's Initials

I certify that the student named above has successfully completed a minimum of 180 hours of clinical attendance as outlined in University Policies and Procedures.

Student's Signature: _____ Date: _____

Clinical Preceptor's Signature: _____ Date: _____