## John Patrick University of Health and Applied Sciences

## Clinical Internship Time Sheet

Please document clinical internship hours below. The student and clinical preceptor must sign at the end of this form certifying that the student has completed 180 hours per track of clinical attendance.

Note: Students are required to document a minimum of 180 hours per track in the clinical setting under the supervision of a certified medical dosimetrist (CMD) or medical physicist (DABR). Students must not be paid by the affiliated clinical site during their internship hours. The program will only accept clinical time in increments of one half hour.

Student's Name:

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

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 stucinical attendance	ident named above h as outlined in Unive	nas successfully cor ersity Policies and F	npleted a minimum Procedures.	of 180 hours of	
Student's Signature:			Date:		
Clinical Preceptor's	s Signature:		Date	o:	