

## PRECEPTORSHIP ATTENDANCE LOG

AttendanceLog.doc 11/2017

Enter starting time (in) and ending time (out) and total number of hours worked each day. If no work was performed, enter one of the following: DO-Day Off, S-Sick, H-Holiday. Preceptees are expected to work the same schedule as the supervising preceptor. However, a preceptee must work a total of not less than eight (8) weeks. Days off, sick time, and holidays do not count as days worked. A minimum of 40 hours per week during a maximum of six (6) calendar days per week will be counted. A calendar day shall not exceed twelve (12) hours in duration. ***THESE MUST BE STRICT ADHERANCE TO THE DATES OF PRECEPTORSHIP AGREEMENT FORM.***

| DATES:<br>TIME: | WEEK 1 |     |       | WEEK 2 |     |       | WEEK 3 |     |       | WEEK 4 |     |       | WEEK 5 |     |       | WEEK 6 |     |       |
|-----------------|--------|-----|-------|--------|-----|-------|--------|-----|-------|--------|-----|-------|--------|-----|-------|--------|-----|-------|
|                 | IN     | OUT | Total | IN     | OUT | Total | IN     | OUT | Total | IN     | OUT | Total | IN     | OUT | Total | IN     | OUT | Total |
|                 | MONDAY |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |
| TUESDAY         |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |
| WEDNESDAY       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |
| THURSDAY        |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |
| FRIDAY          |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |
| SATURDAY        |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |
| SUNDAY          |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |        |     |       |

***MUST TOTAL MINIMUM OF 40 HOURS EACH WEEK***

| DATES:<br>TIME: | WEEK 7 |     |       | WEEK 8 |     |       |    |     |       |    |     |       |
|-----------------|--------|-----|-------|--------|-----|-------|----|-----|-------|----|-----|-------|
|                 | IN     | OUT | Total | IN     | OUT | Total | IN | OUT | Total | IN | OUT | Total |
|                 | MONDAY |     |       |        |     |       |    |     |       |    |     |       |
| TUESDAY         |        |     |       |        |     |       |    |     |       |    |     |       |
| WEDNESDAY       |        |     |       |        |     |       |    |     |       |    |     |       |
| THURSDAY        |        |     |       |        |     |       |    |     |       |    |     |       |
| FRIDAY          |        |     |       |        |     |       |    |     |       |    |     |       |
| SATURDAY        |        |     |       |        |     |       |    |     |       |    |     |       |
| SUNDAY          |        |     |       |        |     |       |    |     |       |    |     |       |

***MUST TOTAL MINIMUM OF 40 HOURS EACH WEEK***

| OFFICE USE: |      |     |     |
|-------------|------|-----|-----|
| Ckd by      | Date | Hrs | Wks |
|             |      |     |     |
|             |      |     |     |

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS ATTENDANCE LOG REPRESENTS ACTUAL WORK PERFORMED TO THE BEST OF MY KNOWLEDGE:

**Preceptor's signature verifies accuracy of this final report:**

PRECEPTEE (Print): \_\_\_\_\_

PRECEPTOR SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_ Date \_\_\_\_\_