

## PRECEPTORSHIP ATTENDANCE LOG

Enter starting time (in) and ending time (out) and total number of hours worked each day (in quarter hours). 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.

This form is to be completed by the **STUDENT/PRECEPTEE** and submitted to the LBVM by scanning and uploading the completed, signed document into the LBVM applicant portal ([www.lsbvm.org](http://www.lsbvm.org)). Completion of this form is a requirement of the program.

**There must be STRICT ADHERENCE TO THE START & END DATES given on the Preceptorship Agreement Form.  
Your hours must total a minimum of 40 hours each week.**

SAMPLE - Day/Date	In	Out	Total (Qtr Hrs)
Mon, May 6	8:00am	6:15pm	10.25 hrs

WEEK 1 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 5 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 2 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 6 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 3 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 7 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 4 - Day/Date	In	Out	Total (Qtr Hrs)

WEEK 8 - Day/Date	In	Out	Total (Qtr Hrs)

I hereby certify that the information contained on this attendance log represents actual work performed to the best of my knowledge.

Preceptee/Student	Preceptor's signature verifies accuracy of this final report.
Print Full Name: _____  Signed: _____  <div style="text-align: right;">Date: _____</div>	Name of Practice: _____ Supervisor's Name: _____  Signed: _____  <div style="text-align: right;">Date: _____</div>