

**Physical Therapist Assistant Program**

**Student Weekly Timesheet**

This time sheet must be completed and initialed by the CI **Daily** and submitted **Weekly by 9am Monday.**

Enter the time you arrive and the time you leave at the end of your shift. Round off to the nearest quarter hour.

**Submit Completed forms via:**

Fax - (305) 362-0595 (ATTN: Mr. Michael Gubieda PTA Program) or Scan- mgubieda@fnu.edu

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Instructor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Time In** | **Time Out** | **Total Daily Hours** | **Clinical Instructor Initials** | **Clinical Setting**  **(i.e., SNF, Acute, Outpatient, etc.)** |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

**I certify that the above information is correct. This student has completed a total of \_\_\_\_\_\_ hours of clinical education for the week under my supervision.**

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Clinical Instructor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCE Signature Date Received