



CMA Timesheet Total clinical hour's requirement: 160 HOURS

WEEK BEGIN & END Dates: _____ to _____

STUDENT NAME _____

CLINICAL SITE _____

STUDENT PHONE NUMBER _____

SITE PHONE NUMBER _____

Day **Date** **Time In** **Lunch Out** **Lunch In** **Time Out** **Total** **Competencies practiced / achieved**

Round times to nearest quarter hour

Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
THIS WEEK total hours							
ACCUMULATED (Total hours from past weeks)							
TOTAL HOURS TO DATE (This week + accumulated)							

Student Signature _____

Site Signature/ Date _____

Student MUST turn in weekly time sheets for externship credit

Printed Name of site preceptor: _____