



PHARMACY TECHNICIAN | Total clinical hours: 120

STUDENT NAME: _____

STUDENT PHONE NUMBER: _____

WEEK BEGIN & END Dates: _____ to _____

CLINICAL SITE: _____

SITE PHONE NUMBER: _____

Day	Date	Time In	Lunch OUT	Lunch IN	Time Out	Total Time	Competencies practiced / achieved
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 signed weekly time sheet for externship credit

Printed Name of Site Preceptor _____