



**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							
<b>THIS WEEK total hours</b>							
<b>ACCUMULATED</b> (Total hours from past weeks)							
<b>TOTAL HOURS TO DATE</b> (This week + accumulated)							

Student Signature \_\_\_\_\_

Site Signature/Date \_\_\_\_\_

**Student MUST turn in signed weekly time sheet for externship credit**

Printed Name of Site Preceptor \_\_\_\_\_