4800 Preston Park Blvd. Plano, TX 75093 972.985.3761 FAX: 972-985-3782

cetimesheet@collin.edu

**EKG / Monitor Technician Timesheet Total clinical hour’s requirement: 120 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

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

 Round times to nearest quarter hour

Student Signature\_ **Preceptor** Signature/ Date

**Student MUST turn in weekly time sheets for externship credit Preceptor** Printed Name: