



Medical Billing | Total clinical hours: 120
Medical Coding | Total clinical hours: 160
Medical Secretary | Total clinical hours: 120

WEEK BEGIN & END Dates: _____ to _____

STUDENT NAME _____

CLINICAL SITE: _____

STUDENT PHONE NUMBER _____

SITE PHONE #: _____

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

Printed Name of site preceptor _____