

Clinical Medical Assistant Program Externship/Clinical Hours



88 South Tooele Blvd.
 Tooele Utah, 84074
 Phone (435)248-1800
 Fax (435)248-1900

Student Name _____

Address _____

Phone _____

Academic Completion date _____

Instructor: Suzette Rydalch 435-248-1860
 Instructor: JoAnn Vega 435-248-1860
 Program Director: Jonathan Tibbets 435-248-1849

In Case of Emergency: _____

*Note to student: Keep track of your hours. Fax hours to your instructor at the end of each week
 PLEASE SUBMIT THIS FORM PROMPTLY UPON COMPLETION OF EXTERNSHIP

Extern Site _____
 Address _____
 city/zip _____

Type of Practice _____
 Phone _____
 Site Supervisor's name _____

Hours Worked Daily

Week	Mo/Day/Yr	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Weekly Hours	Total Hrs To Date	Supervisor Initials
Example	5/25 -5/ 31/13	8	8	4	0	4	8	0	32	32	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

TOTAL HOURS EXTERNSHIP _____ **EXTERNSHIP COMPLETION DATE** _____

I do hereby certify that all hours have been verified. Externship has been satisfactorily completed. The evaluation reports are completed and/or attached and submitted to the Tooele Applied Technology College.

Supervisor's Signature _____ Date _____

Extern's Signature _____ Date _____