

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: Kimberly Langi 435-248-1860

V.P. Of Instruction: Mark Aiken 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
<i>Example</i>	<i>5/25 -5/ 31/13</i>	<i>8</i>	<i>8</i>	<i>4</i>	<i>0</i>	<i>4</i>	<i>8</i>	<i>0</i>	<i>32</i>	<i>32</i>	
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.

Supervisor's Signature _____ Date _____

Extern's Signature _____ Date _____