LCCC PHYSICAL THERAPIST ASSISTANT STUDENT TIME CARD

Student Name _____ Site Name _____

Course No. _____ Course Title _____ Semester _____

DATE	Time In	Time Out	Time In	Time Out	Hours	CI INITIAL
				TOTAL HOURS		

***The student is responsible for completion of the time card and obtaining the clinical instructors initials. Each clinical rotation week is defined as 40 hours. Any week that a minimum of 40 hours is not reported requires CI and ACCE approval. Lunch breaks (30-60 min.) are highly recommended and do not count towards clinical hours. Additional page may be added if needed.

CI ACKNOWLEDGEMENT- I, an authorized agent of the facility listed above, certify that the hours listed is correct and that the student performed their duties in a satisfactory and professionally competent manner. CI's need only to initial weekly for confirmation of time worked and then sigh below at completion.

CI Signature: _____

STUDENT ACKNOWLEDGMENT-I certify that the above hours are a true representation of my time spent at this clinical site and that I have obtained an authorized signature from my clinical instructor.

Student Signature: _____