

Date Due: _____

**Radiography
Clinical Time Log
Summer Semester 2006**

Please Print in Ink

Day of Week	Date	Time In	Time Out	Total Hours	Tech. Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hours at Clinic _____
 Total Hours Missed _____
 Total Hours Made Up _____

Semester to Date
 Hours Missed _____
 Hours Made Up _____

Date	# Hours Made Up	Initials

I certify this record to be accurate.

 Student Signature Date

 Clinical Instructor Date

Comments: _____

