**McNEESE STATE UNIVERSITY ATP LOG OF CLINICAL HOURS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | | **TIME IN** | **TIME OUT** | **TIME IN** | **TIME OUT** | **TOTAL HOURS PER DAY** | **Description of Work** | **Preceptor Initial** |
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|  | **TOTAL HOURS WORKED \_\_\_\_\_\_\_\_\_** | | | | | | | |  |

**I hereby certify that the above hours represent a true accounting of clinical hours during the above stated semester.**

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| **Supervisor Signature** |  | **Date** |  | **Student Signature** |  | **Date** |