

Record of Attendance

SPEP Rotation (circle one): 1 2 3 4 5 6			Site Name:														
			Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total Hours
Week 1	Date	Hours															
	Preceptor																
Week 2	Date	Hours															
	Preceptor																
Week 3	Date	Hours															
	Preceptor																
Week 4	Date	Hours															
	Preceptor																

I attest that I have completed _____ hours for this rotation.

Student Name: _____ Signature: _____ Date: _____

Preceptor Name: _____ Signature: _____ Date: _____