Medical Assistant Practicum Time Sheet

Student Name: _____ **Week Ending:** _____

Clinical Site: _____ **Phone:** _____

Clinical Supervisor: _____

Date	Start Time	Lunch	End Time	Total Hours	Tasks

- **Lunch is excluded from the total number of extern hours. You should be at your site in agreement with your facility.**
- **Remember to notify your extern site supervisor and your instructor before your scheduled extern hours if you will be absent.**

Please contact Phlebotomy Career Training (Office Phone: (734) 762-3220) if you have any problems or questions while at your clinical site.

Student Signature: _____ Date: _____

Clinical Supervisor Signature: _____ Date: _____

Please submit your timesheets when you have completed your clinical requirements via email or fax. Please scan them in and send to:
phlebotomycareertraining@gmail.com fax: 734-762-1718