Fairmont State Community & Technical College
HIT Program

Student _____ **Clinical Supervisor** _____
Facility _____

DATE	TIME	TOTAL HOURS	DUTY	DATE	TIME	TOTAL HOURS	DUTY

DATE	TIME	TOTAL HOURS	DUTY	DATE	TIME	TOTAL HOURS	DUTY

Time: Example: 9:00 - 12:00 Total Hours: 3 Use Additional Space For Comments.

Comments:

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Signature Of Student Signature Of Clinical Supervisor