VANDERBILT UNIVERSITY

MEDICAL CENTER

Perfusion Program
Monthly Clinical Time Report

Student Name:____

Month:______________ Year:______________Clinical Rotation: CVPT I, CR-501, CR-502, CR-503, CR-504

SUPERVISED CLINICAL PRACITIUM HOURS				
Date	**Rotation Site**	**Regular Clinical Hours**	**On-Call Clinical Hours**	**Signature of Clinical Instructor**
1				
2				
3				
4				
5				
6				
7				
8				
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10				
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31				

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Student Signature **Date**

*Student must electronically send to the Program Director no later than the 5th of the following month (example: May Timesheet should be submitted no later than June 5th for the student to receive full credit for timesheet submission.)

Revised June 2017