

Birthingway Midwifery Program Clinical Training Timesheet

Student Name: _____ Term/Year: _____ Page ____ of ____

This signed timesheet must be received and time stamped no later than the Monday following the last day of the academic term.

Date	Time In	Time Out	Total Hours	Direct Hours	Description of Work	Preceptor or Co-Preceptor Initials
		Totals:			Ratio:	<i>Ratio of direct-to-total hours must equal at least 75%</i>

Supervising Preceptor Signature _____ Date _____ Student Signature _____ Date _____

Office use only: Date/Time/Initials: _____