

Applicant Name _____ **Applicant ID#** _____

	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HOURS
DATES:								
HOURS:								
DATES:								
HOURS:								
DATES:								
HOURS:								
DATES:								
HOURS:								
DATES:								
HOURS:								
DATES:								
HOURS:								
DATES:								
HOURS:								

Please log your hours of shadowing/supervised practice each week. The supervising practitioner should sign each sheet. Make as many copies as needed.

**I attest that _____ successfully completed the above noted hours under
 Applicant's Name
 my supervision and recommend them for a Texas MRT Certificate.**

Supervising practitioner name and certificate # (print): _____

Supervising practitioner signature: _____ **Date:** _____