

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 RCP Certificate.

Supervising practitioner name and certificate # (print): _____

Supervising practitioner signature: _____ Date: _____