

VERIFICATION OF PRACTICUM HOURS

Student's name (print) _____

Student ID number _____

Hours _____
Accumulated Hours _____

From _____

To _____

If the student has worked hours where the supervisor has not been present, do not include these hours. Also, holidays and sick days are not to be included.

Supervisor's name (print) _____

Supervisor's license number _____

Place of employment _____

Supervisor's signature/date _____

Student's signature/date _____