

PCI HEALTH TRAINING CENTER
EXTERNSHIP ATTENDANCE RECORD & PROGRESS REPORT

Student: _____ SSN: _____ MA _____ MOA _____

Externship Facility Name: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Externship Supervisor Name & Title: _____

PLEASE NOTE: YOU HAVE A TOTAL OF **200 HOURS** TO COMPLETE YOUR EXTERNSHIP

Week Number: _____ **Total Hours This Week:** _____ **Hours Left to Complete:** _____

ATTENDANCE RECORD

DAY	DATE (Mo/Day/Yr)	TIME IN	TIME OUT	TOTAL HOURS
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				
TOTAL HOURS THIS WEEK				

PROGRESS REPORT

Rating: Excellent _____ Good _____ Satisfactory _____ Needs Improvement _____

Comments: _____

Signature of Externship Supervisor: _____ Date: _____

Signature of Student: _____ Date: _____

IMPORTANT: *Deliver this form **WEEKLY** by fax or in person to PCI Health Training Center.*

Fax (214) 630-1002