

**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**