CLINICAL TRAINING TIMESHEET

_____ _____

Student Name (please print) Term and Year

This signed timesheet must be returned to Birthingway no later than the Monday following the last day of the term.

Date	Time In	Time Out	Hours Worked	Tasks/Duties Performed	Student Initials

_____ _____

Preceptor Signature Date

Birthingway College of Midwifery
12113 SE Foster Road
Portland, Oregon 97266
503-760-3131 or fax 503-760-3332

Revised: 11/04/08
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