WSU RESPIRATORY THERAPY DEPARTMENT

CLINICAL PRECEPTOR/LAB ASSISTANT LOG SHEET

PRECEPTOR NAME:_____ CURRENT SEMESTER:_____
FACILITY:_____ DEPARTMENT:_____
ANTICIPATED SEMESTER FOR TUITION WAIVER:_____

DATE	STUDENT NAME	TIME IN	TIME OUT	TOTAL TIME	CAMPUS O/D/SL/P/St	SUPERVISOR SIGNATURE