

## Employed at Clinical Site Attestation

Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Practicum Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Employment Site Name: \_\_\_\_\_

Employment Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Duties:

Clinical hours are in a separate department from work: YES NO

Clinical hours are at different times than work hours: YES NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_