Metrocare Health ACADEMY

PSW 2015

Clinical Placement Sign-In Sheet

First Name: _____

Last Name: _____

Student Number: _____

Placement Type:

- ☐ Community (110 Hours)
- ☐ Facility (200 Hours)

Placement Name: _____

Date (MM/DD/YY)	Flr/ Wing	Time In (i.e. 0700)	Time Out (i.e. 1500)	Hrs	C.I. Init	Pre Init	Printed Name	Comment
			Sub-Total Hours					
			Advanced Credits					
			Total Hours					