

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/Facilitator Signature: _____ Date: _____