



Clinical Course:

Student Name:

Student Phone Number:

Student Email:

Preceptor Name:

Preceptor Phone Number:

Preceptor Email:

Clinical Site:

Clinical Site Address:

Clinical Site City, State, Zip Code:

Office Manager/Administrator:

Course Instructor Name:

Course Instructor Email:

Specific Dates of Clinical Experience:

Specific Objectives:

Methods of Evaluation:

1. Written evaluations by Preceptor and Clinical Instructor
2. Site Visit
3. Time and Case logs in Typhon

Student Signature & Date

Preceptor Signature & Date

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