

UTHSC School of Public Health Dietetic Internship Time Sheet

Intern: _____ Preceptor: _____

Facility: _____ Date Range for this Time Sheet: _____

Were these Supervised Practice Rotation hours (circle)? Community / SFS / FSM / DM / MNT / Specialty

If not, what type of activity did you participate in (volunteer, workshop, simulation, etc.)? _____

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Staff Relief Hrs*	Total Hrs
Week 1	Date									
	Clock Hrs									
Week 2	Date									
	Clock Hrs									
Week 3	Date									
	Clock Hrs									
Week 4	Date									
	Clock Hrs									
Week 5	Date									
	Clock Hrs									
TOTAL	Clock Hrs								Staff Relief Total:	Grand Total:

CLOCK HOURS = time spent in the clinical setting on assigned dietetic functions, including all direct patient care; observations of procedures; attendance at meetings; projects and presentations; as well as simulation activities such as case studies, and development of materials for facilities. Does **not** include breaks or travel time.

In the space below, record any hours missed from **usual work day** and how this time will be made up:

DATE _____ **REASON / PROVISIONS FOR MAKEUP TIME** _____

***STAFF RELIEF DETAIL (Required for all Staff Relief Hours specified, includes work requiring minimal guidance/assistance, "entry level RD work"):**

Number of patients counseled / assessed independently: _____ and/or independent projects completed: _____

Signature: _____
Preceptor (date)

Signature: _____
Intern (date)