

Department of Occupational Therapy

**Student Hours**

**Hours Log**

Student Name:

Student Number:

**Year 1 CUH Occupational Therapy Rheumatology Clinic Experience**

|  |  |
| --- | --- |
| **Practice Educator:** |  |
| **Site Address:** | Ground floor, Brookfield Health Sciences Complex. |
| **Tel:** |  |
| **Email:** |  |
| **Nature of placement:**  (please state if physical, psychosocial or combined) | CUH Occupational Therapy Rheumatology Clinic  (Combined physical and psychosocial) |

|  |  |
| --- | --- |
| Slot 1 | Date:  Time: |

|  |  |
| --- | --- |
| Slot 2 | Date:  Time: |

|  |  |
| --- | --- |
| Student Name |  |
| Student Signature |  |
| Clinician Name |  |
| Clinician Signature and CORU No |  |
| Practice Educator Signature |  |

**Year 1 Practice Placement:**

|  |  |
| --- | --- |
| **Practice Educator:** |  |
| **Site Address:** |  |
| **Tel:** |  |
| **Email:** |  |
| **Nature of placement:**  (please state if physical, psychosocial or combined) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week 1 Beginning Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_** | | | | |
| **Day** | | **Times** | **Hours** | **Day’s Total** |
| Mon | am |  |  |  |
| pm |  |  |
| Tues | am |  |  |  |
| pm |  |  |
| Wed | am |  |  |  |
| pm |  |  |
| Thurs | am |  |  |  |
| pm |  |  |
| Fri | am |  |  |  |
| pm |  |  |

Week’s total = \_\_\_\_\_\_ Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week 2 Beginning Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_** | | | | |
| **Day** | | **Times** | **Hours** | **Day’s Total** |
| Mon | am |  |  |  |
| pm |  |  |
| Tues | am |  |  |  |
| pm |  |  |
| Wed | am |  |  |  |
| pm |  |  |
| Thurs | am |  |  |  |
| pm |  |  |
| Fri | am |  |  |  |
| pm |  |  |

Week’s total = \_\_\_\_\_\_\_\_\_\_\_ Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Educator’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **OT1006 Absent Days** | | | |
| Sick leave hours taken: | | Sick leave hours made up: | |
| Sick leave certified: | Yes No | Sick leave cert forwarded to PEC: | Yes No |
| Number of public holidays: | |  | |

|  |  |
| --- | --- |
| **OT1006 Hours Summary** | |
| Physical: |  |
| Psychosocial: |  |
| **Total OT1006 Hours:** |  |
| Student Signature |  |
| Practice Educator Name: |  |
| Practice Educator Signature |  |
| Practice Tutor Name: |  |
| Practice Tutor Signature: |  |