Senior Project Time Log

Job Shadow

This "Time Log" is designed to allow you to accurately keep track of the time spend on your job shadow. **This is an UNPAID experience.** Please remember you need a minimum of **35 hours** of shadowing, and your mentor must be present for the entirety of the project. Please record all times you spend on the project. Briefly describe what you accomplished/witnessed during that time period. You may print and log additional pages if needed.

Date	Time Period Begin/End	Location	Accomplished/Witnessed	Mentor's Initials
Example:				
9/18	8pm-10pm	Family Medicine	Witnessed splinting, irrational patient	*ABC*

_____ **TOTAL HOURS (Please add up your hours and provide the total number)**

Student Signature_____**date**_____

Mentor's Name (Printed) _____**Contact #:** _____

Mentor's Signature* _____**date**_____

***The signature is confirming that ALL 35 hours were spent with the student during the job shadow**