UNIVERSITY OF LOUISIANA AT MONROE

School of Pharmacy

Student Time Log

Date	*Time In*	*Time Out*	*Total*	*Preceptors Signature*
		TOTAL		

I hereby certify that the above Student Time Log to be an accurate record of experiential training accomplished by the student named to the left under the direct supervision of a duly certified pharmacy preceptor.

_____	_____	_____
Student Name	***Student Signature***	***Preceptor Signature***