

Weekly Mentor Sign Off Sheet

*This form to be submitted to website each week by Sunday 2359 PT.

Name: Alvin Carl de Guzman

Date	Hours i.e. 3-6 pm	Category of Hours i.e.) lab, clinical, didactic, direct care, prof. dev. etc.	Hours Completed in experience	Cumulativ e hours to date	Mentor Signature
4/4	0800-1200 1300-1700	Skills Day	8	8	[Signature]
4/12	0800-1200 1300-1700	Skills Day	8	16	[Signature]
4/26	0800-1200 1300-1700	Skills Day	8	24	[Signature]
5/2	0800-1200 1300-1700	New Employee Orientation Preparation	8	36	[Signature]
5/3	0800-1200 1300-1700	clinical Rotation	8	40	[Signature]