

### 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
<b>Week 1</b>	Date									
	Clock Hrs									
<b>Week 2</b>	Date									
	Clock Hrs									
<b>Week 3</b>	Date									
	Clock Hrs									
<b>Week 4</b>	Date									
	Clock Hrs									
<b>Week 5</b>	Date									
	Clock Hrs									
<b>TOTAL</b>	Clock Hrs								<b>Staff Relief Total:</b>	<b>Grand Total:</b>

**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)