

**TEXAS SOUTHERN UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
OFFICE OF EXPERIENTIAL TRAINING**

**HOURLY SHEET
EARLY PRACTICE EXPERIENCE**

Please use a separate sheet for each practice site in which Early Experience hours are earned.

DATES OF EXPERIENCE: from _____ to _____

NAME OF STUDENT _____ TIN _____

E-MAIL _____ LOCAL PHONE _____

Name of Preceptor _____ Pharmacist License No _____
First Middle Last

Name of Site _____ Texas Pharmacy License No _____

Address of Site _____
Street City State Zip

Telephone _____ Fax _____
Area Code Number Area Code Number

Week 1

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total

(Initials of Preceptor)

Week 2

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total

(Initials of Preceptor)

Week 3

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total

(Initials of Preceptor)

Week 4

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total

(Initials of Preceptor)

Week 5

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total

(Initials of Preceptor)

Week 6

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total (Initials of Preceptor)

Week 7

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total (Initials of Preceptor)

Week 8

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total (Initials of Preceptor)

Week 9

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total (Initials of Preceptor)

Week 10

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date (mm/dd/yy)							
Hours Completed							

Week Total (Initials of Preceptor)

_____ **TOTAL HOURS**

STUDENT CERTIFICATION:

I certify that I have completed the hours listed above within the stated period of time.

Student Signature

Date

PRECEPTOR CERTIFICATION:

I certify that _____ (student name) has completed _____ hours within the stated period of time.

Preceptor Signature

Date

<i>For Office Use Only</i>	
Hours completed this site	
Total Early Practice Experience Hours completed _____	on _____ (date)
_____ Signature	_____ Date