Hocking College Physical Therapist Assistant Program

Hours Time Sheet
(Complete one sheet for each facility)

Student Name	(please print):		Student ID:		
Facility Name	Facility Name:				
Facility Phone	/Facility Conta	nct:	Type of Facility:		
Evaluators Pri	nted Name:				
Date	Time In	Time Out	Total Hours	DT/DTA Signatura	
Date	1 IIIIe III	Time Out	Total Hours	PT/PTA Signature	
	Total Hour	rs Completed			