

Externship Hours Log

earner Name:
lame of Externship Site:
Site Supervisor or Preceptor Name:
Site Contact Phone:

Start Time	End Time	Total Hours	Preceptor Initials
	Start Time	Start Time End Time	Start Time End Time Total Hours



Date	Start Time	End Time	Total Hours	Preceptor Initials	
I confirm that the said Learner completed the externship hours on the dates and times listed above and performed the necessary tasks. I also confirm that the said Learner completed the externship hours required by their state or 3rd party association certification partner.					
Signature:		Date:			

The completed form can also be submitted via email to externships@careerstep.com or fax to (801)

Externship Hours Log Updated: May 2021

407-1951.