

**National University of Natural Medicine
CLINIC SHIFT CREDIT RECORD**

STUDENT NAME _____

DATE _____

PLEASE CHECK ONE OF THE FOLLOWING:

Substitute - Student you are substituting for _____

Make-up Shift

Hour Category: **Primary** **Secondary** **Hydro**
 Internship **Observation** **Hydro Integration**

SUPERVISING DOCTOR

SHIFT TIME & LOCATION

Pt. Contacts

Hours

SIGNATURE OF SUPERVISING OR RESIDENT DOCTOR
