NUNM Holiday Shift Record

Name:		Mailcode:	
Program:	Term/Year:		

Date & Time	Holiday	Total # of Patients	Total Hours	Type of Shift PRIMARY/INTERN (all others please use clinic shift record form)	Supervisor's Signature And Printed Name	
Example 1/1/2009	Holiday IV	3	4	Primary	Dr. Spock Dr. Spock	
12-4pm	IV				Dr. Spock	
		Total	Total			

Student Signature	Date

- 1. Obtain supervisors' signatures for each shift before turning in form.
- 2. At the end of the term, turn in original to the Registrar (a copy will not be accepted).
- Make a copy for your records.
 Please add the total number of hours and patient contacts at the bottom of the page.