FANSHAWE
School of Nursing

Personal Support Worker (PSW) Program

HLTH 3056
PSW Community Professional Practice

London, St. Thomas, Woodstock, Simcoe,
Kincardine, Clinton & Stratford Area Campuses
Full-Time, Part-Time, & Weekend Deliveries

Student Name

Clinical Consolidation Time Sheet

(*Minimum number of hours required is 75 hours)

Name_____

Agency _____

Note to Students: You:

- Identify start and end of each shift
- PSW Preceptor to initial date at the beginning and end of each shift
- Indicate the total number of hours completed EACH day

Example of how to complete timesheet: Monday	Hours & Initial
Date: Feb 4, 2014 Start: 0700h End: 1500h	8 hr RR (student) KR (Perceptor)

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Wk	Mon	Total Hrs & Initial	Tue	Total Hrs & Initial	Wed	Total Hrs & Initial	Thur	Total Hrs & Initial	Fri	Total Hrs & Initial	Sat	Total Hrs & Initial	Sun	Total Hrs & Initial
1	Date Start End		Date Start End		Date Start End		Date Start End		Date Start: End		Date Start End		Date Start End	
2	Date Start End		Date Start End		Date Start End		Date Start End		Date: Start: End:		Date Start: End		Date Start End	
3	Date Start End		Date Start End		Date Start End		Date Start End		Date Start End		Date Start: End		Date Start End	
4	Date Start End		Date Start End		Date Start End		Date Start End		Date Start: End		Date Start End		Date Start End	

I, _____(Student MUST PRINT), certify that this record of _____(*Total Hours /shifts) represents a true and accurate record of my clinical hours/shifts.

This includes _____ make-up shifts.

Student Signature:_____Date _____

Preceptor Signature & Status _____Date _____

Signatures for Timesheet

Initials	Printed Name	Status	Signature & Status