

UNIVERSITY OF WISCONSIN – LA CROSSE

Department of Health Professions

MEDICAL DOSIMETRY PROGRAM

REPORT OF MISSED CLINICAL INTERNSHIP TRAINING TIME

STUDENT NAME: _____

CLINICAL INTERNSHIP SITE: _____

DATE OF MISSED CLINICAL TIME: _____

Time missed due to: _____ Absence _____ Tardy _____ Early Departure

Total time missed: _____

EXPLANATION OF TIME MISSED: _____

STUDENT SIGNATURE: _____

CLINICAL SUPERVISOR COMMENTS: _____

CLINICAL SUPERVISOR SIGNATURE: _____

The student completes the top part of this form including their signature. The clinical supervisor then signs and e-mails the form to the Educational Coordinator at UW-L (hilsenda.eliz@uwlax.edu). A separate form must be completed for each and every occurrence. **It is required that ALL late arrivals, absences and early departures be reported.**

Students who leave early (any time before the assigned leaving time) are to report to the Clinical Supervisor and fill out a missed time form as indicated before leaving. **Students who leave the clinical site without notifying the clinical supervisor may be subject to disciplinary action.** (Reminder: The student is allowed to take personal days off per year. Time off must be approved in advance by the Clinical Supervisor.)