

# ROBERT SCHAD NATUROPATHIC CLINIC

## 3<sup>rd</sup> YEAR MONTHLY SUMMARY

**Student Full Name:**

\_\_\_\_\_

**Date of Submission:**

\_\_\_\_\_

**What Month is this Summary Pertaining To?** \_\_\_\_\_

**Who is your Advisor?** \_\_\_\_\_

<b>3rd YEAR (SECONDARY INTERN)</b>	<b>Totals for this Month</b>
Secondary Visits (i.e. how many patients observed)	
Preceptor Hours - total monthly number (enclose authorized original forms)	
Clinic Attendance Hours	
Seminar Hours - total monthly number (enclose authorized original forms)	
Community Service Hours - total monthly number (enclose authorized original forms)	

**NOTE:** To ensure the complete accuracy of your clinic student file, this monthly summary must be submitted within the first week of each month for the previous month's totals, along with any original forms (e.g. seminar hours, community service, preceptorship, observer documentation record, etc.). Kindly also attach your original attendance and visit records. Submit this summary to Dr. Patel.

**Please submit these forms to your advisor and retain a copy of all documentation for your records. Thank you very much.**

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For office use only

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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