Montgomery College
Takoma Park/Silver Spring Campus

Mental Health Associate Program
TIMESHEET

Student Name: _____ Practicum Site: _____

Instructor: _____ Supervisor: _____ Semester: _____

Date	Time In	Time Out	Total Hours	Student's Initials	Supervisor's Initials

Total number of hours of clinical experience performed: _____

This is to verify that _____has completed the above hours.
(Student Name)

_____ _____ _____
Student's Signature Date Supervisor's Signature Date Instructor's Signature Date