SECTION 5: RECORD OF GENERAL CLINICAL EXPERIENCE (1500 HOURS)

Date	Number of Hours	Activity	Client identifier	Notes
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		
		Activity		

Total Hours of General Clinical Experience:	

Supervisor/Employer Signature _____ Date: _____