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SPPA472 – Clinical Practicum in Audiology

Audiology Practicum Log

Student:_____ **Semester:**_____ **Year:**_____

							TO BE FILLED OUT BY CLINICAL SUPERVISOR	
Date	**Patient's Initials**	**Age**	**Diagnostic Results**	**Time In**	**Time Out**	**Total Time**	**Percent Observed**	**Clinician's Signature**