CPE Weekly Clinical Hours Log
Clinical Pastoral Education

(Student completes form for **EACH** facility: Proctor or designee signs.)

Dates Covered: _____

Facility: _____

Student: _____

Proctor name and title (Print) **Dr. Kay Owen Larson, Ordained Chaplain and CPE Instructor**

Proctor Signature: _____

Date	Time IN	Time OUT	Total Hours	Proctor/Designee's Initials
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Day 7:				
TOTAL HOURS				

1. The student maintained appropriate patient, staff, and personal safety standards.
   • (Check if yes.) _____
2. The student appropriately engaged patients, family, and staff on a routine basis.
   • (Check if yes.) _____
3. 3. The student appropriately contributed to integrating spiritual care, beliefs, and values.
   • (Check if yes.) _____

Comments**:**_____

For Office Use:

Total Hours Clinical Engagement: _____