

Logbook of Practical Experience

Section 1: Applicant & Placement Details

Name of Student:			
Name of Placement Site:			
Total Hours at Placement Site:			
Date Commenced:		Date Completed:	

Section 2: Supervisor Details & Declaration

Supervisor Declaration and Signature: <i>(To be signed within one month of completing placement)</i>	
Supervisor Name:	
Supervisor Experience & Accreditation(s):	
Supervisor Contact Email:	
<i>I have read the information contained within this logbook and certify that this is a true and accurate reflection of the student's engagement at this placement site.</i>	
Signature:	
Date:	

Logbook of Practical Experience

Clinical Exercise Physiology Practicum Logbook			
Date	No. of Hours	Patient/s Description	Description of what you did/services provided (i.e. Assessment, Prescription or Delivery)