



**DIRECTED STUDIES PRACTICAL HOURS LOG**

Student: \_\_\_\_\_ NITE Class: \_\_\_\_\_

By signing my name below, I acknowledge and understand that this therapy is being done by a student and it is part of his or her training. Suggestions for better health may be offered, but whether or not I follow these suggestions is entirely my own decision. I give my permission for the above-named student to discuss this session at school for purposes of learning and better understanding. The length of time spent in my session is indicated next to my name.

	<b>Length of session</b>	<b>Name Printed</b>	<b>Email</b>	<b>Phone</b>
1.				(    ) -
2.				(    ) -
3.				(    ) -
4.				(    ) -
5.				(    ) -
6.				(    ) -
7.				(    ) -
8.				(    ) -
9.				(    ) -
10.				(    ) -

By signing my name below, I state that the total number of hours is correct and true, and all the volunteers were eligible for the sessions.

Total Hours: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date