

# Contract for Clinical Hours

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I, \_\_\_\_\_, have been made aware of the Clinical  
*(Student Name)*

Instructor's hours for Directed Practice \_\_\_\_\_, that will cover the following  
*(I, II, or III)*  
dates \_\_\_\_\_.  
*(Dates of Clinical Rotation)*

I understand that I, as the student, am to be at the clinical facility any time the Clinical Instructor is present at the facility. If, at any time, I will not be present during the CI's normal working hours, I will notify the ACCE immediately. The Clinical Instructor's hours, therefore my clinical hours, will be as follows:

- Monday: \_\_\_\_\_
- Tuesday: \_\_\_\_\_
- Wednesday: \_\_\_\_\_
- Thursday: \_\_\_\_\_
- Friday: \_\_\_\_\_

I understand that by completing these clinical hours, I am meeting the requirements set forth by the Physical Therapist Assistant Program at Washington State Community College. I further understand that any hours missed (with the exception of excused absences) will be made up at the discretion and convenience of the CI, with the approval of the ACCE, as per the PTA Handbook.

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(ACCE Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(C I Signature)*

\_\_\_\_\_  
*(Date)*