

Appendix IV: Clinical Direct Mentorship Hours Log Sheet

(must be submitted to the examination coordinator by uploading documents onto the website
(www.orthodiv.org) prior to the Intermediate Practical and Advanced Practical Exams)

CLINICAL HOURS COMPLETED	DATES OF SUPERVISION	FACILITY NAME PHONE #	SUPERVISOR NAME (Print)	SUPERVISOR SIGNATURE *	DATE SIGNED

Total number of direct clinical hours completed: _____

STUDENT NAME: _____
(Print) (Signature)

Please check this box if you have completed the Patient Assessment form with your mentor (Appendix III)

* I acknowledge I am a registered mentor with the Orthopaedic Division and have completed the annual registration process.

Appendix IV: Clinical Indirect Mentorship Hours Log Sheet

INDIRECT CLINICAL HOURS COMPLETED	NATURE OF STUDY	WITNESS NAME (print)	WITNESS SIGNATURE	DATE SIGNED

Total number of indirect clinical hours completed: _____

STUDENT NAME: _____
 (Print) (Signature)

Submit Appendix I, II, III, and IV to the Examinations Coordinator **by uploading documents onto the website (www.orthodiv.org)** within 30 days following the Advanced Examination application deadline.