



Direct Clinical Mentorship Hours Log Sheet

(must be submitted to the Examination Coordinator by uploading documents onto the website (www.orthodiv.org) prior to the Advanced Course registration and within 4 months after the IPE examination)

Number of Required Mentorship Hours: _____

# of DIRECT CLINICAL MENTORSHIP HOURS COMPLETED	FEEDBACK FROM INTERMEDIATE EXAM BEING ADDRESSED	DATE OF MENTORSHIP SESSION	*MENTOR'S FULL NAME	MENTOR'S SIGNATURE	DATE SIGNED

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Total number of direct clinical hours completed: _____

Date of Intermediate Practical Exam: _____

STUDENT NAME: _____
(Print) **(Signature)**

* I acknowledge I am a registered mentor with the AIM Physiotherapy Program / Orthopaedic Division and have completed the registration process.