**Houston City College**
**OBSERVATION LOG**

**Applicant Name: _____**

| Date | Facility Name/Location | Licensed Professional Name and Signature | Time In | Time Out | Total Clock Hours |
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I affirm that the applicant_____ has observed at the indicated facility for the hours stated.

_____ _____
Clinician (Print, Sign, and include License #) Date

_____ _____
Clinician (Print, Sign, and include License #) Date

I affirm that the information provided above in this Observation Contact Hours Log is true and correct.

_____ _____
Applicant Signature Date