2022-2023 Intern Practical Experience Internship Hours

Intern Name _____ **Intern #** _____ **Program Yr** _____

Email _____

1. You must have a practical experience **affidavit** on file with the Board before 1st day of internship **AND** must file a new affidavit when changing internship locations or preceptors
2. Submit **progress report of internship** form & this form to SD BOP **5 days** after the end date of reporting period
3. Late submissions (affidavit & progress report) will be docked 5% per item
4. **You cannot earn more than (8 hours) for any day worked**

For these days, the total combined hours you can earn per week is **(10 hours)**

For these days, the total combined hours you can earn per week is **(48 hours)**

* on this line, enter the TOTAL number of hours you worked for date above

Report time rounded to the nearest half hour and as **(.5)** for 30 minutes

AUGUST 2022

Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
*						
7	8	9	10	11	12	13
*						
14	15	16	17	18	19	20
*						
21	22	23	24	25	26	27
*						
28	29	30	31			
*						

SEPTEMBER 2022

Su	M	Tu	W	Th	F	S
				1	2	3
*						
4	5	6	7	8	9	10
*						
11	12	13	14	15	16	17
*						
18	19	20	21	22	23	24
*						
25	26	27	28	29	30	
*						

OCTOBER 2022

Su	M	Tu	W	Th	F	S
						1
*						
2	3	4	5	6	7	8
*						
9	10	11	12	13	14	15
*						
16	17	18	19	20	21	22
*						
23	24	25	26	27	28	29
*						
30	31					
*						

NOVEMBER 2022

Su	M	Tu	W	Th	F	S
		1	2	3	4	5
*						
6	7	8	9	10	11	12
*						
13	14	15	16	17	18	19
*						
20	21	22	23	24	25	26
*						
27	28	29	30			
*						

DECEMBER 2022

Su	M	Tu	W	Th	F	S
				1	2	3
*						
4	5	6	7	8	9	10
*						
11	12	13	14	15	16	17
*						
18	19	20	21	22	23	24
*						
25	26	27	28	29	30	31
*						

JANUARY 2023

Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
*						
8	9	10	11	12	13	14
*						
15	16	17	18	19	20	21
*						
22	23	24	25	26	27	28
*						
29	30	31				
*						

Total hours submitted for this reporting period: _____

Print Preceptor Name _____ SD License # _____

Preceptor Signature_____ Date _____

(must be the same signer as on Affidavit)

For Office Use

Affidavit	Y	N	L	Deduction _____	
Progress Rpt	Y	N	L	Deduction _____	Input _____
Same Preceptor	Y	N		Total Deduct _____	
Form Signed	Y	N	A/P	Total Hrs Approved _____	Scanned _____

2022-2023 Intern Practical Experience Hours

Intern Name _____ **Intern #** _____ **Program Yr** _____

Email _____

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For these days, the total combined hours you can earn per week is **(10 hours)**

For these days, the total combined hours you can earn per week is **(48 hours)**

* on this line, enter the TOTAL number of hours you worked for date above

Report time rounded to the nearest half hour and as **(.5)** for 30 minutes

FEBRUARY 2023

Su	M	Tu	W	Th	F	S
			1	2	3	4
*						
5	6	7	8	9	10	11
*						
12	13	14	15	16	17	18
*						
19	20	21	22	23	24	25
*						
26	27	28				
*						

MARCH 2023

Su	M	Tu	W	Th	F	S
			1	2	3	4
*						
5	6	7	8	9	10	11
*						
12	13	14	15	16	17	18
*						
19	20	21	22	23	24	25
*						
26	27	28	29	30	31	
*						

APRIL 2023

Su	M	Tu	W	Th	F	S
						1
*						
2	3	4	5	6	7	8
*						
9	10	11	12	13	14	15
*						
16	17	18	19	20	21	22
*						
23	24	25	26	27	28	29
*						
30						

MAY 2023

Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
*						
7	8	9	10	11	12	13
*						
14	15	16	17	18	19	20
*						
21	22	23	24	25	26	27
*						
28	29	30	31			
*						

JUNE 2023

Su	M	Tu	W	Th	F	S
				1	2	3
*						
4	5	6	7	8	9	10
*						
11	12	13	14	15	16	17
*						
18	19	20	21	22	23	24
*						
25	26	27	28	29	30	
*						

JULY 2023

Su	M	Tu	W	Th	F	S
						1
*						
2	3	4	5	6	7	8
*						
9	10	11	12	13	14	15
*						
16	17	18	19	20	21	22
*						
23	24	25	26	27	28	29
*						
30	31					
*						

Total hours submitted for this reporting period: _____

Print Preceptor Name _____ SD License # _____

Preceptor Signature_____ Date _____

(must be the same signer as on Affidavit)

For Office Use

Affidavit	Y	N	L	Deduction _____	
Progress Rpt	Y	N	L	Deduction _____	Input _____
Same Preceptor	Y	N		Total Deduct _____	
Form Signed	Y	N	A/P	Total Hrs Approved _____	Scanned _____