CLINICAL CERTIFICATION LOG

NAME:
_____

EMPLOYED BY:
_____

DATE OF SERVICE	TIME BEGAN	TIME ENDED	TYPES OF SERVICE		TOTAL MINUTES	PATIENT ACCOUNT NUMBER	VERIFIED BY DOCTOR
			EXAM	THERAPY TYPE			
			Total		_____		

Clinical Log Instructions

<u>Date of Service:</u> Please list the actual date the service was provided (If this is a holiday or weekend, please add a note on backside verifying the date).

Time Began: List the time you began the care like a digital clock setting (Example 10:25 AM).

Time Ended: List the time you ended the care like a digital watch setting (Example 10:41 AM).

Type of Service: Please indicate With an "X" OR CHECK MARK under exam, or a description of service if this was therapy under the therapy column.

Total Minutes: Please indicate in minutes the total time spent in minutes (Example start time of 10:25 AM and end time of 10:41 AM would be "16 minutes").

Patient Account Number: Please list the account number for the patient served (for Audit purposes).

Verified By Doctor: Please have doctor initial each line by end of day services provided.

Total: Please add all minutes provided on the page and place total in minutes here

Please have doctor's signature at bottom of each page indicating he has reviewed and approved.

Clinical Log Reminders

1.Any therapy lasting longer than 20 minutes or any exam lasting longer than 45 minutes may require an additional explanation upon review by the MCA staff to approve time spent.
2.Times cannot overlap with services to another patient.
3.Massage therapy is not included or allowed for the 100 hour requirement
4.Every line must be initialed by the supervising doctor and every page must have a total minutes and signature by the supervising doctor.
5. Keep a copy for your records before submitting.

Once you have at least 100 hours completed, submit your logs to the MCA for review. 100 hours clinical time, completion of the course and successfully completing the course exam are all required to be complete before a letter is issued by the MCA suitable for licensure to grant full certification.