

Extended Leave of Absence from Clinical Practice Remediation Process Checklist

Student Name _____ Student Number _____

(Student Advisor to complete sections a-e)	Date	Comments
a) Expected date of return to program		
b) Anticipated return to clinical		
c) Letter and supporting documents submitted to Student Advisor		
d) Letter reviewed by Department		
e) Confirmation email sent to student from Student Advisor		
f) Designated Faculty member(s) contact student		
g) Meeting with designated Faculty member(s)		
h) Learning plan submitted by student		

Remedial 1-on-1 lab (3 hours total)

Date	Time Spent in Lab	Time spent with Faculty on theory	Signed off by Faculty	Comments

Self-directed lab time (5-7 hours total)

Date	Time Spent in lab	Signed off by Faculty	Comments

