Home Health Preceptorship Mileage Log

Date (DD/MM/YYYY)	Travel Purpose	Odor	Odometer	
		Start	End	
		1	1	L

Student Name:	Preceptor Supervisor Name:	
Student Signature:	Preceptor Supervisor Signature:	
X	X	
Date Signed:	Date Signed:	
By signing above, you confirm that the mileage logged was for training travel purposes and that the logs entered are complete and accurate.	By signing above, you confirm that the mileage logged was for training travel purposes and that the logs entered are complete and accurate.	