NITE
NATUROPATHIC INSTITUTE
OF THERAPIES & EDUCATION

DIRECTED STUDY PRACTICAL HOURS LOG

Student: _____ NITE Class: _____

By signing my name below, I acknowledge and understand that this therapy is being done by a student and it is part of his or her training. Suggestions for better health may be offered, but whether or not I follow these suggestions is entirely my own decision. I give my permission for the above-named student to discuss this session at school for purposes of learning and better understanding. The length of time spent in my session is indicated next to my name.

	Length of session	Name Printed	Signature	Phone
1.				( ) -
2.				( ) -
3.				( ) -
4.				( ) -
5.				( ) -
6.				( ) -
7.				( ) -
8.				( ) -
9.				( ) -
10.				( ) -

By signing my name below, I state that the total number of hours is correct and true, and all the volunteers were eligible for the sessions.

Total Hours: _____

_____ _____

Student Signature Date