**SP Activity Record**

Keep this form at home. It is a record of your activity as a Standardized Patient and will help you keep track of your different activities. Be sure to record all events separately – e.g. training is separate from the event – even if they’re on the same day.

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| **Who contacted you?**  *(Bre, Jackie, Karen, Liz, Stuart…)* | **Activity and Location**  *(Clinical Skills, Communications, Training, etc)* | **Date of Event/Training** | **Start time** | **End Time** | **Total Hrs Worked** |
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