

EXTERNSHIP RELEASE FORM

Student Name	Student Phone Number	Date
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Campus	Program
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This form indicates that the above-named student has completed all necessary didactic and lab requirements and is qualified to be released into the following externship course:

Externship Course #	Estimated Start Date	Estimated End Date

Release Checklist:

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| Student has completed all required lab competencies in a satisfactory manner. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student has a thorough understanding of the equipment used in exams. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student has a thorough understanding of the human anatomy as required. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student has a thorough understanding of the positioning as required. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student demonstrates a thorough understanding of the required techniques. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student demonstrates the ability to pass written exams without assistance. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student demonstrates the ability to apply theoretical knowledge and clinical skills. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| Student demonstrates the ability to conduct themselves in a professional manner. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |

Additional Comments: *(Provide specifics and details as necessary.)*

Instructor Name	Instructor Signature	Date
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