



SPECIAL PERMIT APPLICANT'S SCHEDULE

Initial Permit

Renewal of Permit

Name of Applicant _____

NORMAL WEEKLY SCHEDULE

Complete the following work schedule designating whether at the school or its affiliated facility.

<u>Time</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
8:00 am	_____	_____	_____	_____	_____
9:00	_____	_____	_____	_____	_____
10:00	_____	_____	_____	_____	_____
11:00	_____	_____	_____	_____	_____
12:00	_____	_____	_____	_____	_____
1:00 pm	_____	_____	_____	_____	_____
2:00	_____	_____	_____	_____	_____
3:00	_____	_____	_____	_____	_____
4:00	_____	_____	_____	_____	_____
5:00	_____	_____	_____	_____	_____
6:00	_____	_____	_____	_____	_____

Indicate Whether:

- | | | |
|---------------------|----|--------------------------|
| Research Time | RT | <input type="checkbox"/> |
| Clinical Time | CT | <input type="checkbox"/> |
| Administrative Time | AT | <input type="checkbox"/> |
| Teaching Time | TT | <input type="checkbox"/> |
| Lunch | L | <input type="checkbox"/> |
| Private Practice | PP | <input type="checkbox"/> |
| Other (Explain) | O | <input type="checkbox"/> |