

DIRECT Mentorship Hours Log

Must be submitted to SPC's Credential Officer (credentials@sportphysio.ca) upon application to the Oral Practical Exam- **due the 1st Monday of April**

Date	Mentor	Online or In-person	Nature of Study / Experience*	Hours
TOTAL DIRECT HOURS (MINIMUM 10):				

By checking this box, I _____ (mentor name) confirm I have reviewed this form and have completed/will complete (circle one) a Mock Exam to support _____ (candidate name) application to the Certificate/Diploma (circle one) oral/practical exam.

Mentor Comments:

Mentor Signature:

Date:

Candidate Signature:

Date:

*Further details outlined in the Credential Program Handbook