

INDIRECT Mentorship Hours Log

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

Date	Witness: Phone #:	Nature of Study / Experience*	Key Takeaways*	Hours
TOTAL INDIRECT HOURS (MINIMUM 20):				

By checking this box, I _____ (mentor name) confirm I have reviewed this form with _____ (candidate name) and support their 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