# Certified EKG Technician (CET)Clinical Documentation Log

| Student Name | |
|---|---|
| Student Date of Birth | Student Email |

| Clinical Site | |
|---|---|
| Site Manager/Supervisor Name | |
| Clinical Site Address | |
| Clinical Site Phone | |
| Clinical Site Email | |

**Instructions: This log is to be completed and signed by the clinical site's manager or supervisor ONLY. All logs are to be completed in full and emailed to MedCerts Clinical Support Team for review and approval – email to:**
**clinicalsupportteam@medcerts.com**
**Logs submitted without the required 10 EKGs, will not be accepted.**

| **EKG LOG: Must successfully complete a minimum of 10 EKGs on live individuals** | | | |
|---|---|---|---|
| | **DATE** | | **SITE** | **PRECEPTOR'S SIGNATURE** |
| 1 | | CP | | |
| 2 | | CP | | |
| 3 | | CP | | |
| 4 | | CP | | |
| 5 | | CP | | |
| 6 | | CP | | |
| 7 | | CP | | |
| 8 | | CP | | |
| 9 | | CP | | |
| 10 | | CP | | |

Approver Signature _____

Date Signed _____

Last Updated | 3.28.2025