



## 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.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
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
- Clinical Time            CT
- Administrative Time    AT
- Teaching Time         TT
- Lunch                     L
- Private Practice        PP
- Other (Explain)        O