

MTOM Community Presentation Completion Form

I (intern) have completed a community presentation as outlined in my application.

Print Intern Name: _____

Intern Signature: _____

Today's date: _____

Presentation Facilitator:

The above mentioned intern has completed an informative presentation at the agreed upon site. The intern arrived on time, was well prepared, and courteous throughout the presentation. **I witnessed, facilitated, and approved the intern's completion of this presentation. By my signature below, I certify that the intern has completed a _____ minute presentation to approximately _____ attendees at my facility under my supervision and that I have reviewed the final Deliverable Product and consider it to be sufficient for a passing grade.**

Print Facilitator Name: _____

Facilitator signature: _____

Today's date: _____

Project completion approved by Robert Newman, Dean of Clinical Education:

Dean of Clinical Education signature: _____

Today's date: _____