



MTOM Community Presentation Completion Form

I have completed a community presentation as outlined in my application:

Intern (Student): _____

Signature: _____

Date: _____

Presentation Facilitator:

The above mentioned intern completed an informative presentation at the agreed upon site. The intern arrived on time, was well prepared, and courteous throughout the presentation. **I facilitated and approved the student's completion of this presentation. By my signature below I certify that the MTOM 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.**

Facilitator Name (please print): _____

Signature: _____

Date: _____

Approved by:

Dean of Clinical Education: _____

Date: _____