

Flight Clinic – Final Report Worksheet

Date:	Unit/Wing Sponsoring Flight Clinic:
Location of Flight Clinic:	Date of Ground Phase:
Date of Flight Phase	Number of CAP Pilots Completing Both Phases of Flight Clinic
Summary of Events	
List of Ground and Flight Instructors and Their Qualifications	
Name of Flight Clinic Activity Director	
PLEASE COMPLETE WMIRS ENTRIES WITHIN 7 DAYS AFTER CLINIC COMPLETION <i>Notice: Data from this worksheet and a scanned PDF of this worksheet will be loaded into WMIRS.</i>	