



Documentation of Clinical/Volunteer Experience

Student Information (to be completed by student)

Last Name _____ First _____ Middle _____
Address _____ City _____ State _____ Zip _____

Signature of applicant _____ Date _____

Professional's Information (to be completed by professional with whom you are working)

Name _____ License # _____ State _____

Name of facility _____

Address _____

The purpose of this log is to document the applicant's exposure to clinical/volunteer experiences. This form will not be used to assess the applicant's performance in the professional setting or to assess the nature of the professional experience.

Applicant has spent _____ hours at our facility in: [] observation [] volunteer [] employment

Please briefly describe the applicant's experiences at your facility:

Signature of professional _____ Date _____
