

Documentation of Clinical/Volunteer Experience

Student Information (to be completed by student)			
Last Name	First	Middle	
Address	City	StateZip	
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 a be used to assess the applicant's performance experience.		
Applicant has spenthours at ou	r facility in: [] observation [] v	volunteer [] employment
Please briefly describe the applicant's exper	iences at your facility:	
Signature of professional		Date



Notes about Experience		