

RSHS EXPERIENCE SUMMARY FORM

This information **MUST** be typed. Include any contact with health care in general, and specifically, within your field of study. Use the back of the page if necessary. Please refer to the 2004-2006 RSHS Academic Student Handbook for detailed information regarding program requirements.

FULL NAME		SOCIAL SECURITY NUMBER	PROGRAM
NAME & ADDRESS OF FIRM OR ORGANIZATION	NAME, TITLE, SIGNATURE, & CERTIFICATION NUMBER OF SUPERVISOR (IF APPLICABLE)	DUTIES AND RESPONSIBILITIES	TOTAL NUMBER OF HOURS

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GRAND TOTAL OF ALL HOURS →			