



## Patient Care Experience Form

Applicant:

Date:

### Instructions

Please complete this form to verify that you have the required 500 hours of direct, hands-on patient care experience. Eligible experiences include, but are not limited to, work as an RN, EMT, paramedic, medical assistant, PT or OT assistant, CNA, medical technician, social worker. Hours must be completed by the time of enrollment. A letter on official office stationery from your supervisor must be submitted with this form.

### Direct Patient Care Experience

Institution/ Location

Dates of Experience

Total Number of Hours

### Direct Patient Care Experience

Institution/ Location

Dates of Experience

Total Number of Hours

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Signature

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Date

**This form should be submitted with your CASPA application.**

<b>PA Program Use Only</b>
Program Receipt: