## Physician Assistant applicant

## **Healthcare Experience Verification Form**

## Instructions

**Applicant Information** 

Signature of Applicant

Please complete this form to verify that you have the required minimum of 470 hours of healthcare experience (HCE).

The Springfield College PA Department will consider any health care experience you have documented. Experiences/hours that involve meaningful interaction with patients as well as direct patient care are preferred.

A letter on official office letterhead, from your supervisor, must be submitted with this form. The letter must include a brief description of your role/duties and the number of hours completed. Each HCE listed below should have a separate letter.

| Name                  |       |     |  |
|-----------------------|-------|-----|--|
| Current Address       |       |     |  |
| City                  | State | Zip |  |
| Healthcare Experience |       |     |  |
| Institution/ Location |       |     |  |
| Dates of Experience   |       |     |  |
| Total Number of Hours |       |     |  |
| Haaldhaana Ermanianaa |       |     |  |
| Healthcare Experience |       |     |  |
| Institution/ Location |       |     |  |
| Dates of Experience   |       |     |  |
| Total Number of Hours |       |     |  |
|                       |       |     |  |