Heritage University

Physician Assistant Educational Program

Healthcare Experience Form

To be completed and signed by the supervisor only

Applicant Name: _____

Facility: _____

Supervisor Name: _____

Field of Medicine: _____

Date(s): _____ **Number of Hours completed**: _____

Job Title: _____

Provide a description of the applicant's job with the 1000 hours clearly detailing the one on one patient care:

Print Supervisor's Name: _____ _____

Signature of Supervisor: _____ **Date**: _____

Supervisor Phone: _____ **Email**: _____