

RSHS EXPERIENCE SUMMARY FORM

This information **MUST** be typed or neatly printed. 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 [RSHS Academic Student Handbook](#) for detailed information regarding program requirements.

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

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