

DUQUESNE UNIVERSITY  
John G. Rangos, Sr. School of Health Sciences (RSHS)

**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.

<b>FULL NAME</b>		<b>BANNER I.D. NUMBER</b>	<b>PROGRAM</b>	
<b>NAME &amp; ADDRESS OF FIRM OR ORGANIZATION</b>	<b>NAME, TITLE, SIGNATURE, &amp; CERTIFICATION NUMBER OF SUPERVISOR (IF APPLICABLE)</b>	<b>DUTIES AND RESPONSIBILITIES</b>		<b>TOTAL NUMBER OF HOURS</b>
				<b>OVER →</b>

NAME & ADDRESS OF FIRM OR ORGANIZATION	NAME, TITLE, SIGNATURE, & CERTIFICATION NUMBER OF SUPERVISOR (IF APPLICABLE)	DUTIES AND RESPONSIBILITIES	TOTAL NUMBER OF HOURS
<b>GRAND TOTAL OF ALL HOURS</b> →			